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THE

CINCINNATI

MEDICAL ADVANCE

VOLUME IV.

T. P. WILSON, M. D., Editor.

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T. P. WILSON, M. D., GENERAL EDITOR.

VOLUME IV.

CINCINNATI, O., MAY, 1876.

NUMBER 1.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, 223 W. Fourth Street, Cincinnati, Ohio.

The Romance of A Poor Young Doctor.* By T. P. Wilson,
M. D., Cincinnati, O.

Full many a gem of purest ray serene
The dark, unfathomed caves of ocean bear;
And many a flower is born to blush unseen,
And waste its sweetness on the desert air.

—Gray.

PROLOGUE.

'Tis not of costly gems, though rich and rare,
'Tis not of flowers that scent the summer air,
'Tis not of senseless things, though cast in mould
Divinely wrought, whose beauty, as of old,
Forever makes this world a glorious place—
'Tis not of these my humble muse would trace

*Entered according to Act of Congress.

May-1

17

Her simple lines of song; nor would she deem
 Such things unworthy of an angel's theme.
 But there are noble thoughts than these, that fill
 The soul, inspire the mind and tempt our skill.
 Of human life with human hopes and fears;
 A human heart with human grief and tears;
 A high ambition and immortal fame;
 To gild with glory and renown a name—
 A priceless soul, delusive phantoms chased;
 A deathless life that death at last embraced.
 Such is the tragic story; and 'twere well,
 No shadows from it, e'er prophetic fell
 To cloud the future of the aspiring soul,
 Or turn it from the anticipated goal.

INTRODUCTION.

All doctors, in their green and callow days,
 Lead tragic lives, such as are in the plays;
 And why they should not, none can surely tell,
 Since always they're in league with Death and Hell.
 Their patron saint is Gabriel, is he not?
 Tut! here's a bull or else I have forgot.
 His worship is an angel, not a saint.
 But let it stand, it surely'll not attain
 The fame of one, whose ordinary deeds,
 Though set forth clearly in our Christian creeds,
 Fills all the world with terror and dismay,
 Lest they anticipate the final day—
 I mean when e'er he blows his winding horn,
 Suggestive of the resurrection morn.
 When yawning church yards tell their final tale,
 If they choose then to draw aside the vail,
 And show how oft their treasures they've bestowed,
 To help young doctors onward in the road
 To eminence and knowledge to obtain,
 Or a diploma, which is all the same,

I'll not object; its no affair of mine;
Besides such stories surely'd mar my rhyme.
Of other tragic scenes, young doctors' lives
Are full. Are you in doubt? Go ask their wives.
Go ask their sweethearts or their bosom friends;
They'll tell you that the drama never ends.
Behold a young man on his proud career!
Note well the capital he hath. 'Tis here:
A wrinkled parchment and some seedy clothea.
That's all; and scant enough it is, God knows.
" 'Tis very comical," I hear you say.
Quite safe to assert, while you are far away
From such contingencies as these:
A broken arm or head or fell disease.
But what if you were sick and full of pain,
And he the only doctor to obtain?
You'd feel some shadows cross your trembling soul—
Strong premonitions of your final goal.
Yes you the shadows, and perchance no more,
But he the substance's self forever more.

—:O:—

I.

IN COLLEGE.

If you had seen the motley crowd of youth,
Who, daily, in the sacred halls of truth,
Held their high carnival of song and jest,
And took their lectures with peculiar zest,
As patients might their medicine devour,
When it is very nauseous or sour;
Who dodged all quizzes that perplex the head,
And raised the devil if not the very dead—
I say, you'd look upon this mystic throng,
And scarce perceive the hero of my song.
For, like all members of this Arab race,
'Twas soot and not his future, marked his face.

I would not have you bound to think, or hold,
 The novelty was in his lack of gold;
 Or, being poor, he had a special claim
 In that he held an honored doctor's name.
 God knows the like of him is far from rare;
 The world is well supplied and some to spare.
 From Hippocratic days to modern times,
 When have we wanted doctors wanting dimes?
 The poet's prayer for good Ben-Adam's race,
 Has here no need of utterance or place.
 When Darwin showed the fittest may survive,
 He meant, white mice and poor young doctors thrive
 'Gainst all apparent odds, and live with ease,
 Because they both exist on bread and cheese.

II.

SEEKING A LOCATION.

Now, much upon the ordinary ways,
 This poor young doctor passed his college days;
 And getting his diploma safe at last,
 Forth through the ancient portals proudly passed.
 And hopes too large, by half, before him ran,
 For any common solar system's span.
 It mattered not, that, by the rudest float,
 Or cars, or coach, or by the river boat,
 He was too poor to pay his simple fare.
 Why should it, since he walked upon the air?
 Or thought he did, though my observant eye,
 Saw but a sturdy footman passing by,
 As, snuffing up the morning air with zest,
 He kept his course toward the mighty west.
 It mattered not that villages he passed,
 And cities too; of them no favors asked.
 He bade them all a gracious *au revoir*.
 He did not tell them what he did it for,

But I well knew he made this mental *mem* :
"Return ere long and conquer all of them."
And, as he bravely passed, he felt he must
From off his brogans shake their clinging dust.
But merry bells that rang at set of sun,
Cried out, "*Return, return, O, Whittington!*"
And when he passed the crowded city's mart,
This comfort fed his hunger, cheered his heart :
"*A hundred cities claimed old Homer, dead,*
Through which the living Homer begged his bread."

III.

HANGS OUT HIS SIGN.

"*Westward, the Star of Empire takes its way,*"
So he; nor gave his weary feet to stay,
Until upon its furthest verge; and there
He rested, giving Heaven his thanks in prayer.
Then, with a frugal eye to future good,
He entered claim; and in the mighty wood
He built his palace from the unhewn trees,
And threw his banner widely to the breeze.
On a broad board with roughened face,
His genius served these magic words to trace.



A charcoal sketch in fact, and black as night;
Yet every letter shone with radiant light;
Lit up the darkling forest bright as day
And forced each passer by to stay,
And ponder well the meaning. But, alas!
I doubt if any that way ever pass.

But what of that? He nailed it to the door,
 And, though a Christian, failed not to adore
 Each separate word; and on it, while he gazed,
 He felt how much the world would be amazed;
 For, it was legible by night or day,
 From the cross roads, full half a mile away.
 And then the name! An endless fortune shone
 In Doctor Mightcome's mighty name alone.
 What might not come in patients far and near!
 Might, could and would, and should come, that is clear.
 And then the doctor he might come as well;
 He could and should. However, not to dwell
 On this one point, it must be clear to all,
 He would come, if he ever had a call.

IV.

PREPARING FOR BUSINESS.

'Tis finished! Sign and cabin both are made;
 Each crevice with untempered mortar laid;
 Each bordered walk with sand and gravel strewn,
 And he, the monarch over all, alone.
 No not alone; from out his scanty store
 He brings three precious college books; no more.
 Dog eared they were and full of light; at least
 The covers and the pages amply greased,
 All brightly shone from being turned and turned—
 For thus is knowledge by the student earned.
 A surgeon's book is No. 1. Of course
 'Twas filled with cuts and other things much worse.
 While No. 2, contained in larger part,
 The occult mysteries of ophthalmic art.
 And No. 3, perhaps enough is said,
 They call't a work upon *Materia Med.*
 But trust me, it's the worst of all the lot.
 You take it, and you'll find death's in the pot.

'Tis full of *Arsenic*, *Mercury* and *Lead*;
Grim sentinels at the portals of the dead.
Materia Med.! 'Twixt you and me alone,
It should be called "*Lucretia Borgia's Own*."

V.

STUDYING AND WAITING.

At last o'ercome by labors, day and night,
He sat him down to rest, exhausted quite;
But soon found solace in his mystic lore,
And conned its many chapters o'er and o'er.
He knew quite well, as all young doctors do,
He'd ample time possess, in which to renew
His knowledge of forgotten facts and laws;
For, after college days, there comes a pause,
Prolonged and irksome to our ambitious blood;
So slowly to us comes the rising flood;
And anxiously we wait the tardy day,
When, on the stream, our bark is borne away.
He read them through, contents and indices;
First 1, then 2, then 3; and when he sees
How brief the time the pleasing task was done;
He vainly wished he had another one.
Ah lucky thought! He vowed to read them o'er,
And by a permutation change the score;
First 2, then 3, then 1, and then you see!
Began again with 2, then 1, then 3.
When thus the changes reached their final end,
His mind was sorely puzzled, how to mend
His mode of reading, for he'd cause to fear,
His task a seeming sameness might appear.
Meanwhile, the fleeting moments crept apace,
And days with weeks swept on in rapid race!
And months were swiftly coming down the score,
While yet, no patient's call had reached his door.

VI.

STILL STUDYING.

He had no recourse but his books ; and these
He felt would never lose their power to please.
He only sought variety to get ;
A task quite hard, you see, so small the set.
He now bethought him to divide the day
Into three equal parts, and in this way,
To each part give a separate book. You ask,
I tell you that it lightened much the task.
By sixths, by twelfths, by twenty-fourths he tried,
And read them through by such a brief divide,
That he grew dizzy flying from book to book ;
And bits of sweetness here and there he took,
Much like a humming-bird from flower to flower,
Or, like a weaver's shuttle, hour on hour
He flew with tireless pace, now here, now there ;
Nor thought of sleep, or food, or pious prayer.
He read them on his back and on his side ;
He read them standing, and the chair astride ;
He read them in so many different ways,
That hours would not suffice, nor even days,
To tell the story as it should be told ;
And so I'll bid my chattering muse to hold.

VII.

LOSING HOPE.

It stands to reason and to nature too
That things must end or mend ; they always do
One or the other ; sometimes both in fact.
But yet, before we reach the final act,
All needful phases of this strange romance
We give, and each important circumstance.
Now, though his eyes upon the books be bent,
His ears meanwhile were constantly attent

Upon the slightest sound, that might betray
Some luckless patient traveling that way.
Each snapping twig and even the falling leaf,
Brought to his heart a sudden sharp relief.
The cawing crow, the rabbit's tread, the deer,
Suffused his face with momentary cheer.
Each fresh alarm produced a sudden start,
And wildly throbbed with hope his beating heart.
By night, he heard the wild wolf's mournful howl;
The bear and panther round his cabin prowled;
And oft he sprang to open wide the door,
Saw red eyes flash, and darkness; nothing more.
A curious fact psychology reveals;
To all our lives its truthfulness appeals.
Tis this: what gives the mind its freest wing,
What bears it highest, 'tis the very thing
To dash it lowest to the deepest hell,
And bid it longest there in torment dwell.
So Hope the blessed angel, comes to raise
Our longing hearts to light of better days,
And bids us, mid the darkness and the storm,
To see how near the Future's face and form
Bend o'er us—shows To-morrow crowned with flowers,
With not one shadow on her blissful hours.
But, Hope, whose outstretched arms forever hold
But broken promises—whose cups, though gold,
Are empty pressed against our parched lips,
From which in agony the victim sips
But emptiness, e'en she becomes at last,
A fearful curse, a scorching blast;
The deepest horror of the living soul;
So Heaven is lost and Hell the final goal.

VII.

AT LAST A CALL.

Twelve months had passed; but they were more than years,
When counted by our hero's hopes and fears.

Wan, hollow eyed and sleepless, he stood there,
Upon the crumbling verge of dark despair.
The loosening sand beneath his trembling feet
Sank rapidly away ; the waters beat
The rugged shore and loudly surged below,
And broke the silence with the sounds of woe.
In short, to lay all metaphors aside,
He saw no outcome but by suicide ;
For not one living soul had sought relief,
Or tried his skill, to ease their pain or grief.
And what a mystery is this ! that death,
Whose name we fear when first we draw our breath,
Whose shadow, o'er our lives projected, lays
A clouded sunlight on our brightest days,
From whom we flee with fear and tireless pace,
Refusing in our thoughts to give it place,
From whose anticipated goal we shrink,
As from the approach of some dark chasm's brink,
Becomes at last our heart's supreme desire ;
Even as the Hindo wife, the funeral pyre
Of her dead lord embraces ; so, at last,
As the sole refuge from the storm and blast,
From the world's scorn, its envy and its hate,
We go, ourselves unbar the awful gate,
Into the darkness and the silence leap,
Forever to be blessed, or cursed, or sleep.
'Twas thus our baffled hero, Heaven forgive !
Despairing stood, resolved no more to live.
No sudden resolution fired his mind ;
But sad convictions, slow and fatal bind
His will, his reason and his judgment, all
To one fell purpose—Hark ! was that a call ?
Was that a human voice that faintly cried
In the far distant, "*D o c t o r !*" and then died
To utter silence ? Will it come no more ?
Yes. Hark ! again, and nearer than before :

And, "DOCTOR," sharply rang out on the air;
Hope rose and smote the demon of Despair.
And, "DOCTOR!" "DOCTOR!" came in rapid cry,
And flying steed with beating feet drew nigh.
He heard it all, yet scarce could he believe,
That Heaven at last had sent him this retrieve.
He seized the door and pushed it open wide;
He saw a stalwart man, a horse astride;
He saw and heard him shout, and wave the hand;
He saw it—hold! he saw it not. The wand
Of some accursed magician smote his sight,
And horse and rider, vanished in the night
Of utter darkness; and then sight and sound
Alike were lost, and madly round and round
His brain went whirling, and a moment more,
He prostrate fell upon the cabin floor.
The messenger dismounted, and with fear,
Awe struck and trembling, cautiously came near.
He gently raised the poor young doctor's head,
Saw his glazed eye, and knew that he was dead.

EPILOGUE.

And what a marvelous death! Extatic pain
Had killed him, and the fibers of his brain
And heart were in that instant rudely crushed;
Though 'twas Fruition's shadow only, brushed
Its pinions o'er his faint and weary soul.
The inception was not reached, much less the goal.
What he had prayed for, was an urgent call
Upon his aid and skill professional;
And he was dead forsooth, because that day,
A puzzled traveler had lost his way
And called to him, this odd request to make,
Which of the cross roads he had better take.

The Modern Theory of the Origin of Man. By J. D. Buck,
M. D., Cincinnati. For Illustrations see Frontispiece.

At no time since written history began has man made such rapid strides in intellectual acquirement as during the past fifty years. The arts of peace have been little checked by war. Agriculture, commerce, science literature and art have known but little check even in the midst of war, and it requires no prophet's vision to discover that civilization is striding toward the achievement of a culture, broad, deep and generous, such as the world has never before known. If the political field reveals corruption, the body politic has vigor enough to expose, condemn and cast it off. That corruption should exist is not strange. That it should so readily be brought to light, and lead to neither revolution nor bloodshed, shows a condition of political health and vigor such as has never been seen before.

Rising above all other considerations, whether the arts of peace or the fortunes and horrors of war, stands the question of questions, the problem which underlies all others, and overtops all others—*The origin of man, and his relations to nature*. Whence came the human race? what is its relation to nature? and whither does it tend? These are the questions which concern the progress of the race, whether they interest us individually or not. Toward a solution of these questions the intelligence of the age has contributed its boldest thought, its honest conviction, its untiring labor and its crowning achievement. Not that the problem has been already solved. Look at the mass of rubbish which had to be cleared away; the ignorance and prejudice to be overcome, nay, yet to be overcome—before careful investigation could begin, or truth in its newer garb obtain a hearing. The opposition which the discoveries or the hypotheses of science meet with from popular prejudice or ignorance, concerns most, the intelligence and well being of the people, but has little to do with the final triumph of truth. Ignorance and supersti-

tion always oppose innovation, "for things settled by long use, if not absolutely good, at least fit well together." A higher tribunal at first sits in judgment on the innovator, and if a favorable verdict is obtained here, the rest is regarded solely as a matter of time.

Astronomical discoveries attract first the astronomers of the world, as the men most interested, and most competent to judge of their value as having every facility for observation, and that skill which only long practice and constant observation can give. The innovator awaits the verdict of his peers, and when these concur, and approve the battle is virtually over; the rest of mankind may reject, or approve, as they please, time is sure to bring them around at last. How stands the modern theory of the origin of man in this regard? —a theory incapable of immediate and definite proof, if of demonstration at all. From naturalists and men of science it met an opposition, at first bitter and unrelenting, supported by the anathemas, and the cry of sacrilege from theocracy. This opposition is still continued feebly by the latter, bringing to its aid the superstition of the masses. It is alleged that this theory aims to overthrow the dignity of man as coming direct from the hand of God, and to place him on a level with the brute, when, in fact, this theory places man nowhere at all, but endeavors only to ascertain where the Creator has placed him, by examining all the evidence pointing to a solution, or a probability, whether such solution contradict traditional conception or not. Now at the present time, it is difficult to find a man eminent as a naturalist, or in science who does not regard the modern theory of the origin of man, as at least more probable, as agreeing with more facts in nature, as more comprehensive, than the old theory, supported only by tradition, self-contradictory, and better fitted to the times in which it grew, than to the enlightened age in which we live. It has often been asserted by men competent to judge of scientific progress, that no theory has made such rapid progress in conquering prejudice, and winning assent, as this, although none has ever been announced which aimed at such mighty revolution in every department of human knowledge.

The popularity of a doctrine, is of itself, no evidence of its truth, the modern theory of the origin of man can hardly be said to be a popular doctrine, but winning so rapidly the assent of men most competent to oppose it, as offering the best explanation of the orderly processes of nature, and the known history of the development of man, it becomes a matter of interest to all, to inquire upon what evidence the origin of man by natural development from lower forms, may be opposed to the special creation hypothesis. To those who have kept pace with the progress of these investigations, who are familiar with the writings of Darwin and his predecessor Lamarck; with Huxley, one of its earliest champions, and Haeckel, its most comprehensive expounder, a bare outline of the theory of Darwin will be superfluous. But unfortunately the number of these is small indeed, compared with those whose sole knowledge of the matter is embraced in the phrase, "Man descended from a monkey," and placing this over against the phrase "Man descended from God," and believing it to be a matter of choice with them, they generally denounce the former as "degrading," "sacrilegious," "materialistic," etc., etc., and hug their belief in royal lineage and godlike image. If, however, they will but turn their gaze to the mirror of nature, they will behold reflections which are at least the shadows of themselves; and in themselves reflections of nature, which adhere in spite of every effort to efface them. Geological revelations regarding the age of the earth, were soon followed by investigations concerning the antiquity of man, and from the conditions under which not only rude implements, but human remains have been found, and from considerable evidence of this kind, it has generally been conceded, that the known races of men and their immediate progenitors, have inhabited the earth many thousand years. Again, tracing the history of any race backward as far as history or tradition extend, it is found to have its root in barbarism, and to have reached its present status, by a gradual unfolding through many centuries. No known civilization offers any exception to this rule; although the decadence and utter extinction of many

racess—of many civilizations is known to have occurred, through foreign encroachment, internal strife, or uncongenial surroundings; still whatever altitude it may have reached, was acquired by the same slow, tedious process, from rude and simple beginnings. Commencing again from the earliest traditions, long before written history began, and going backward, the history of the race is written in the rocks, and implements of bronze and rude stone tell the history of its life when wresting a scanty subsistence from nature, whose mysterious processes, excited abject fear or blind, unquestioning adoration. Science has furthermore discovered certain physical characteristics, which correspond with certain degrees of civilization, the most prominent of which, is cranial configuration and the corresponding cerebral development; and it has been discovered that the oldest remains of races which now occupy a high plane of civilization, most nearly correspond with such remains of a very recent date, of races known to be on the verge of barbarism. Dropping now this line of investigation, and commencing with the simpler forms of animal life, geology shows them to have appeared at different epochs; the simpler forms being found as fossils in the older strata of rocks, and each superimposed strata revealing increasingly complex forms; the living forms branching in many directions, till an animal appeared as a culmination of one of these branches, capable of maintaining an upright position, like the gorilla, or man-like ape. It remains now to connect these two lines of investigation. From the Gorilla or *pithic anthropus* (Fig. 23) which has been credited with no human endowment, to the Papuan (Fig. 24) who is deemed a human, there is found to be no greater gap, no wider divergence in structure, habits of life, or language, than between the Papuan and the more civilized races of men. Hence it is concluded, that even the highest races of men are the outcome through a long process of development, of forms of life lower than even the lowest savage of the present day; although the direct line of descent, has often to be rather inferred, than demonstrated, and the evidence in support of this theory, is to be looked for in fossil remains, in corres-

pondence and graduation of physical structure, and in the history of existing civilizations. The necessary foundation for such a theory, is laid in the antiquity of man, and in the changes which are demonstrably wrought through many centuries of generations. Absolute proof, of the possibility of such a line of development, would be wanting, unless it could be shown, that man had existed on the earth longer than has hitherto been supposed.

That such proof exists abundantly, can no longer be denied; and that the evidence has been bitterly contested at every step, only serves to place it in higher rank, since no amount of effort on the part of its opponents has been able to explain it away. The discovery of human remains in England and France together with those of extinct animals like the Cave Bear, the Elephant and the Rhinoceros, and under circumstances which preclude the possibility of their having been placed together at different times or by other than natural causes, renders the great antiquity of man no longer an open question. The question of the unity of the human race, or its procedure from a single pair, and the condition and mode of its origin, is, less definitely settled, and the evidence on these points is of such a character as to be less readily comprehended. When however the great antiquity of man is placed against the comparatively recent origin of history, or even against the oldest traditions and inscriptions, little weight can attach to these, in determining the condition of man in the early twilight of the world when, he left no record intelligible to his latest descendants.

Nor does the gist of the matter lie, as claimed by the Duke of Argyle (*Primeval Man*, p. 127) in the question of the unity of the human race—a question, which from its very nature, and lack of evidence is likely to remain forever unsettled. The most important evidence bearing on the question is to be found in scientific knowledge of human nature itself, aided by comparative anatomy and physiology. The unity of natural phenomena and particularly of organic life, is a matter open to the widest scientific research; research which has but recently taken a definite and comprehensive form;

the results of which, can not possibly be appreciated by one ignorant of organic action, and physiological law. For lack of just this kind of knowledge, many of the advocates of either hypothesis of creation, fail to appreciate the "true inwardness" of the question, (to borrow a phrase from a more popular but less useful field of literature.) For instance, the relation between reason and instinct, and the relation of both these faculties to anatomical structure, and physiological action, has far more to do in determining the relation of man to organic nature, and his probable origin, than any other evidence whatsoever.

Nor does the physiology of a dozen years ago furnish even the key, to these investigations. Then, we had a system of vital mechanics, now, of vital dynamics. Then we had the mechanical form and practical result, now we have added to these, vital correlation, and organic differentiation, in conformity with a known law, applicable alike to the monad and to man. Hence it is that this problem of the ages, this question of questions, is to be discussed and finally determined, if at all, in that field of inquiry which it is the special province of the physician to cultivate, and he, of all men, should be the last to ignore or scoff at it. Nor can the science of medicine be anything but the gainer when its best province is thus laid under tribute. The only real addition to medical science in the last half century, has been contributed by men in search of this *philosophy of life*. Just as the alchemist of old, while searching for the philosopher's stone, and the elixir of life, founded the science of chemistry. The question of man's origin, and his relation to nature, then becomes a part of the *Science of Human Nature*, which is the special province of the true physician. Many so called "Doctors" are so completely overpowered by this one question of the broader science, as to hold up their hands in holy horror at the bare mention of the name of Darwin, not one line of whose writings have they ever read, and whose theory they have taken maimed, blind, and brutalized, from some timid ranter who knew even less of it than they.

Now, although Darwin is not the originator of this theory
May-2

of the natural descent of man, his contributions to natural science have been of such a character, as to call forth the highest praise from his ablest opponents. While he has suggested causes, and investigated conditions which tend to modify existing species of animal life, he has all along pointed out the "missing links" in the chain of organic forms, and the strongest arguments against his theory, are still made on these weak places which he was the first and most faithful in laying bare. So that the name of Prof. Darwin, which to-day excites such terror in the minds of children of larger growth, is among men of science, the synonym of perfect honesty of purpose, and indefatigable industry in scientific labor, whether they indorse, or oppose the conclusions to which he points.

Not long ago a distinguished German professor remarked to Mr. M. D. Conway that, "You Englishmen are still fighting over the Darwinian theory, while we Germans got over that long ago, and are pushing our investigations into newer fields." And it remained for a German scientist to construct a "scheme of the genealogical relationships of organisms." Perhaps no man living has a broader and more intimate knowledge of biology and kindred sciences than Prof. Ernst Haeckel of the University of Jena, the London edition of whose "History of Creation" lies before me.

The Professor's vast store of knowledge of natural history does him here good service, for his argument is drawn from both the vegetable and animal kingdoms, and illustrated with many fine engravings. Nor is this all.*

In the "Author's Preface to the English Edition," he says: "For five consecutive years I have investigated this small but highly instructive group of animals (Calcareous Sponges) in all its forms in the most careful manner. * * * Pro-

*The following quotation from the preface of "History of Creation," shows in what light this German professor regards Charles Darwin: "Proud as England may be to be called the Fatherland of Newton, who with his law of gravitation, brought inorganic nature under the dominion of natural laws of cause and effect, yet may she with even greater pride reckon Charles Darwin among her sons, as he who solved the yet harder problem of bringing the complicated phenomena of organic nature under the sway of the same natural laws."

vided with the whole of the material for study as yet brought together, and assisted by numerous contributions from all parts of the world, I was able to work over the whole group of organic forms known as the Calcareous Sponges in that greatest possible degree of fullness which appeared indispensable for the proof of the common origin of species." Speaking again in the same place of the peculiar fitness of these organisms for such investigations he continues: "With a view to these facts, I made two journeys to the sea coast (1869 to Norway, 1871 to Dalmatia) in order to study as large a number of individuals as possible in their natural circumstances, and to collect specimens for comparison. Of many species, I compared several hundred individuals in the most careful way, I examined with the microscope and measured in the most accurate manner the details of form of all the species. As a final result of these exhaustive and almost endless examinations and measurements it appeared that 'good species,' in the ordinary dogmatic sense of the systematist, have no existence at all among the Calcareous Sponges; that the most different forms are connected one with another by numberless gradational forms; and that all the different species of Calcareous Sponges are derived from a single exceedingly simple ancestral form, the *Olynthus*." * * *

"Not unfrequently the case occurs of several different forms growing out from a single 'stock' or 'cormus'—forms which until now have been regarded by systematists, not only as belonging to different species, but even to different genera."

* * * "Precisely that 'exact' form of analytical proof which the opponents of the descent theory demand is to be found, by everybody who wishes to find it. in the 'Monograph of the Calcareous Sponges.'" In the body of the work the professor goes about his business of unraveling the process of creation, treating of the development of the individual, the development of the tribe, and comparative anatomy or the chain of connected forms of life, directly and specifically, while Darwin only treats them in a general manner.

The author accepts the theory of gaseous chaos of Kant's "Cosmogony," the primary rotary movement, and aggregation

of atoms, the subsequent molten mass cooling, the crust of the earth then forming, and by condensation of vapor the water separating from the dry land preparatory to the introduction of the primordial germs of life. Then Prof. Haeckel considers the process by which certain combinations of oxygen, carbon, hydrogen and nitrogen may be produced similar to the albuminous mass which forms the body of the Moneron. (Fig. 1) We now quote from a recent review of Prof. Haeckel's work: (*Scientific American*.)

This is the simplest of all organisms—as simple as any crystal which consists of a single inorganic combination. “Now,” says Dr. Haeckel, “there is absolutely no reason for supposing that there are not conditions in free nature, also, in which such combinations could take place” and he inclines to the view that such conditions existed at the early epoch of the earth's history, following the formation of liquid water. “This combination, taking place, produced a primeval mucus or plasma, capable of life; and this plasma simply needed to individualize itself, in the same way as the mother liquor of crystals individualizes itself, in crystallization, to produce crystals. Thus in the Laurentian period arose the earliest progenitor of life—a mere lump of protoplasm, but capable of nutrition, and capable of multiplying its species by self-division (1 a).

By the process of segregation, taking place in the homogeneous viscid body, a kernel was formed within, differentiated from the surrounding plasma, and producing thus the simple cell, of which the low organism, still existent and known as the amoeba (2), is a type. By self-division, the cell fell into a mass of simple and equiformal amoeba-like cells, each exactly similar to the other, and each containing a kernel. These groups of cells are termed synamoebæ (3), and the conformation of the organism reminds one of a mulberry. But as development progressed, the cells lying on the surface extended hair-like processes, which, by striking against the water of the primeval ocean in which the creature existed, kept the body rotating; and so another differentiation occurred, the external cells covered with cilia differing from the non-ciliated internal cells. From these organisms arose the primeval stomach animals, the gastræads (5), possessing a simple or globular body, which enclosed a simple cavity having a mouth.

At this point we reach two divergent lines: One branch of gastræads gave up free locomotion, adhered to the bottom of the sea, and developed into zoophytes or animal plants; and the other branch retained free locomotion and developed into the primary form of worms. In these last appeared the first formation of a nervous system, the simplest organs of sense, secretion and generation. The nearest akin to these primeval

forms are the ciliated gliding worms (*turbellaria*), of which one is represented at 6. Through the formation of a true body cavity and blood, within the gliding worms, arose the soft worms, which include very many different intermediate stages. A type of one of these links is shown at 7. Next, by the formation of a dorsal nerve marrow, and of the spinal rod which lies below it, were produced the sack worms [8 and 8 a]. It is just the position of this axial skeleton [8], between the dorsal marrow on the dorsal side and the intestinal canal on the ventral side, which is most characteristic of all vertebrate animals, including man, and also of the larvae of the ascidians here represented. Now followed the formation of body segments, the further differentiation of the organs, a more perfect development of dorsal marrow and spinal rod, and probably the separation of the two sexes—producing the acrania or skull less animals, of which the still living lancelet [9] affords a faint idea.

We next meet the development of the first brain. It was formed out of the dorsal marrow, while the anterior end of the dorsal chord developed into a skull. The first animal possessing a brain was similar to the lamprey [10], a single nostriled creature. This single nostril divided into two lateral halves; a sympathetic nervous system, a jaw skeleton, a swimming bladder, and breast and ventral fins appeared, and so in the Silurian period, originated the shark-like ancestors [11] of all fish. By adaptation to life on land, by the transformation of the swimming bladder into an air breathing lung and of the nasal cavity into air passages, arose the mud fish, to which the still living *ceratodus* or grass eating fish [12], the *lepidosiren* [13], bear a near resemblance. At the same time originated the now extinct sea dragons, like the *plesiosaurus* [14]. Out of the mud fish by the transformation of the paddling fins into five toed legs, and also by the more perfect differentiation of various organs, came the most ancient amphibians, which, like the axolotl [15] of the present day, besides possessing lungs, retained throughout life regular gills. From these arose the tailed amphibians, which, like the newts or salamanders [16] lost the gills which they had possessed in early life, but retained the tail. They originated by accustoming themselves to breath only through gills in early life, and later in life only through lungs. In the mesolithic or secondary period, the tailed amphibian, through loss of gills, by the formation of the amnion, of the cochlea, of the round window of the auditory organ, and of the organ of tears, produced the primeval amniota, of which the true lizard [16] may be taken as a type. Here we meet another branching, for on one hand the amniota developed into reptiles and thence into birds, and on the other into mammalia. Following the second branch, we find that, by the transformation of scales into hair, and by the formation of a mammary gland, we next evolved the promammalia, closely related to the beaked animals, such as the *ornithorincus* [18]. Now comes the transition to placental animals, by the promammalia and

the evolution of the marsupials, such as the kangaroo [19]. Out of the rat-like marsupials, by the formation of the placenta, development of the commissures of the brain, etc., came the semi-apes, of which the lemur [20] is an existing type. From the semi-apes, by the transformation of the jaw, and by claws on the toes becoming nails, arose the narrow nosed tailed ape [21]. Then the tail disappeared, the hairy covering partially departed, and the brain above the facial portion of the skull developed, producing the orang-outang [22], or the chimpanzee, or the gorilla—the human apes of the miocene period. These apes gradually became accustomed to an upright walk, and the separate pair of legs differentiated. The fore hand became a human hand, the hind one, a foot. Thus was produced the ape man, the *pithecanthropus* [23], who existed toward the end of the tertiary period. Genuine man developed out of the ape-like man by the gradual development of the animal language of sounds into a connected and articulate language of words. These went hand in hand with the higher differentiation of the larynx and the brain. Primeval man, Haeckel divides into the straight haired and the wooly haired. From the last arose the Papuans [24], the oldest of all still living human species, and nearest related to the original primary form of wooly haired men. Next came the Hottentots, belonging to the same branch as the Papuans. To the other branch belong the Negroes and the Kaffirs.

The straight haired men generated the Australians and Pro-Malays, the Mongols and the Malays. The Mongols produced the eighth and ninth species, the Americans and the Arctic Men, and the last produced the Esquimaux. The Maylays have developed into no other distinct species. A third branch of the Pro-Maylays, however, produced the Dravidas, from whom sprang the Cingalese, the Nubians, and the Mediterranean, thus completing the series of twelve species and thirty-six races.

Tracing, lastly, the history of nations or historic tribes, the Mediterranean gave rise to four races, the Semites and Basques in one branch, the Indo-Germans and Caucasians in another. From the Indo-Germans, in regular progression, came Sclavo-Germans, the primeval Germans, the Germans, Low Germans, Saxons, and lastly, Anglo-Saxons. And here our chronicle ends, for thus over a lapse of thousands of millions of years—ages, according to Haeckel, countless and incalculable save by mere approximation—we have traced the development of man from the clot of albumen to the race which now populates the United States."

Prof. Haeckel himself indulges in no doubt as to the firm basis of the law of development herein set forth, and after summing up the series of inductions upon which the law is based, he says: "Not only the opponents of the Theory of Descent, but many of its adherents, who are wanting in the requisite philosophical culture, look too much for "signs" and

for special empirical advances in the science of nature. They await the sudden discovery of a human race with tails, or of a talking species of ape, or of other living or fossil transition forms between man and the ape, which shall fill the already narrow chasm between the two, and thus empirically "prove" the derivation of man from apes. * * * "In absolute certainty the Theory of Descent, even in its application to man, is built on a more solid foundation; and its true inner value can never be tested simply by reference to individual experience, but only by a philosophical comparison and estimation of the treasures of all our biological experiences."

It has been the object of the present paper to give as comprehensive an outline of this Theory of Descent as time and space would allow, and to urge on every physician the propriety of examining for himself, the subject as it is presented by its ablest expounders, and surely Prof. Haeckel ranks high among these. No thoughtful person can go carefully through his "History of Creation" without becoming convinced that the subject is one of such vast proportions and the evidence upon which it is claimed that the theory demonstrably rests is of such a character, that in future, it must stand or fall, on evidence and philosophical research alone; that its opponents must meet it here, or abandon the field; for such an array of facts wheeled into line, and made effective by a generalship such as few men can command are absolutely invincible, except by an equal array and equal discipline in the opposing party. Neither border warfare, nor even sharp shooting will longer avail, but with fact against fact, and phalanx against phalanx, must the battle wage; and, as remarked at the beginning of this paper, the physician should not only be the last to fly, but the first to enter the field. Enlist on whichever side he will, to him, more than to any other, belongs the battle ground, and he can not well be an indifferent observer, nor can he without shame and disgrace desert his fair domain to the foragers of either party, for tribute they will certainly pay and build broader and deeper and more enduring, the biological superstructure, where they hold head-quarters, and rest their camp.

Theory and Practice.

The last Departure of Homœopathy in the Physiological Livery.
By Dr. Ad. Lippe, of Philadelphia.

A "Syllabus" is in print, and guides one of the professors of materia medica in teaching(?) and in examining students on that branch of medical science, and that in a professedly homœopathic medical college.* To be sure, we live in a progressive age. The first sentence of this syllabus reads thus: *The intelligent application of materia medica requires a knowledge of the changes medicines make in functions and nutrition,*" and the first question made, Section I reads, "*What changes are made in the blood by Lachesis?*" and the second question is, "*What changes are made in the blood by Apis?*" The learned professor really intended to say, "the scientific application." The intelligent application requires nothing of the kind, and in reality can not take any cognizance of any speculative knowledge, of guess work and of boasted talk. It so happens that the pathogenesis of *Lachesis* and *Apis* are the work of Dr. C. Hering, and for these as well as other similar works, exhaustive as they are, the profession will forever remain a debtor to him. *Lachesis* was the first complete work and *Apis mel.* one of the latest of the author. Some thirty years passed between their publication—but in vain will the perplexed student seek in these works for a solution of these advanced questions. Surely the learned Professor has taught the medical students all these, to us, obscure things. Would it not be a charitable act if one of these new lights would let us know how they proceeded to find out how *Lachesis* and *Apis* changed the

*We mention no names—we have nothing to do with the man, we have to correct errors taught and disseminated, and we shall expose these errors which must lead our school astray, without fear or favor.

blood, and what these changes were? And after stating all that, would it not be the right thing for one of these advanced talkers to illustrate the application of this knowledge for the cure of the sick? Furthermore it would really be gratifying to have a further illustration of the intelligent application of materia medica based on a knowledge of the changes medicines make in functions and nutrition, or in other words how Homœopathy can be not only advanced but kept from "busting" when put into the Physiological Livery. The request has been made time and often, in a truly polite manner to illustrate that Hahnemann was an old foggy, his teachings played out, and a much better, and a much more scientific way found to cure diseases than Hahnemann taught, found in the "Physiological Livery." The only answer came from across the water, and the respondent was no smaller a man than Dr. Schuessler. He illustrated what? why the lunacy of the proposition. May be some more talented man on this side of the water, one of the many who run after the ass, physiological, may be able to satisfactorily illustrate. By some ingenious hocus-pocus it may be at least insinuated that Hahnemann anticipated in future the development of the intelligent application of his materia medica on the basis of a knowledge of the changes medicines make in functions and nutrition. As a student of Hahnemann's writing for forty years, we do not find any thing in all his works but a repeated condemnation of all such speculations. Surely all that talk does not belong to Homœopathy at all. If all that talk is "an improvement" then let it be illustrated.

For argument's sake, let us admit that it has been ascertained how the blood is changed under the influence of *Lachesis* and *Apis*. Of what practical value would such knowledge be? How could that knowledge be utilized for therapeutical purposes by a Homœopathician? That is the question! Illustration: A person is sick; how do we, in the first place, ascertain how his blood is changed? and if we do not know that, if we do not consider after obtaining that knowledge, if that were even possible, that this changed blood is the disease itself and amenable to be cured by the remedy

causing a similar, nay, the same change in the blood, where do we patch up? There must be a new era in medicine, in the profession at large. Already do we see professing Homœopaths carry small trunks full of drugs with them into the houses of the sick, the pocket case is only reserved to be shown when they want the "endorsement" of a man of distinction to whom they show this case. In future they will start out not only with that same trunk, but also with a full chemical apparatus, to find out the changes of the blood and the changes in the functions and nutrition; the lancet to draw the blood with is of course the grand distinctive decoration of the modern scientific healer. But let the curtain drop. Behind the scenes—a grave, both for Homœopathy and the poor sick. The knight of the lancet retires to rest; his weary intellect, so sorely abused by truly sacrificing the sick to modern mock-science. He retires to rest under the tree of freedom of medical opinion and action.

ARGUMENT.

A public teacher in a college chartered to teach Homœopathy comes boldly forward, saying to his class and the world at large, "The intelligent application of *materia medica* requires a knowledge of the changes medicines make in functions and nutrition." What choice language. How unlike the truly classical, well defined and logical language of the master. These thoughtless talkers in that livery all talk alike—a very incoherent talk. Now let us see. The intelligent application of *materia medica* requires what? Of course a *materia medica* first, and an intellect next to apply it for therapeutical purposes under some law of cure. The knowledge of the changes medicines make in functions and nutrition is claimed by the physiological school of medicine; and if the learned Herr Professor can find a single sentence in all of Hahnemann's writings, advocating the necessity to know or pointing out the way to ascertain what changes medicines make in function and nutrition, it would but be a charity in him to so inform his friends of it. Or does the Herr Professor mean to say, that Hahnemann and those who to this day use but his old *materia medica* are all bereft of intellect?

that the great Father of the school himself had really no intellect, because these function and nutrition guess works did not guide him? Will the Herr Professor for once read something instructive? There was a paper written by Old Hahnemann in March, 1813, and Herr Professor will find it in the Second Vol. of the *Mat. Med. Pura*, i. e. not polluted by speculations as to the changes medicines make in functions and nutrition. In this paper, entitled the *Genius of Homœopathic Healing Art*, the first sentence is sufficient to act as a sedative on the speculative genius of the error teaching Professor. It says: "It is impossible to guess at the internal nature of diseases, and what they have changed or altered in the organism by their mysterious process, and it is silly to base on such hypothetical guess work and suppositions the cure of the disease; it is impossible to guess at the curative powers of medicine by any chemical hypothesis or by their color or taste or smell, and silly to try and apply these substances (when misused so pernicious) according to such hypothetical guess-work for the cure of diseases." This is true or it is not true. If it was true in 1813 it is just as true in 1876, and will be true to the end of time, all the boasted progress in physiology to the contrary notwithstanding. If it is true that it is impossible to guess at the internal nature of diseases, and what they have changed or altered in the organism by their mysterious process, then surely we can not fly for aid to a materia medica professing (boastfully but falsely) to teach us the knowledge of the changes medicine makes in function and nutrition. The truth is that the mysterious process whereby the organism is altered or changed, in function and nutrition or in any other manner by either medicines or disease, will to us remain as great a mystery as it forever has been, and has been ordered to be so by the Creator. As Homœopaths and as healers we want to know three things: 1. Exploration of the diseased condition, 2. Exploration of the effects of drugs, and 3. An intelligent application.

If, 1st, the diseased condition could be surely traced to changes that disease made in functions and nutrition, and if 2d we knew the changes medicines made in functions and

nutrition, and if 3d we could intelligently apply these points in therapeutics the Herr Professor would be all right; but inasmuch we, do not know what the disease has changed in the organism, no more, then, can we illustrate similar changes made by medicines. We can't apply that which we know nothing of intelligently. What these progressists backwards really propose is this: We must appear scientific; we must profess to know what tissues and what functions are changed by the disease or by medicines, and then we may give potentised drugs to set the household right, and cure; of course much better and much quicker than did Hahnemann, or any of his followers. And if we do not cure, what then? We then resort to all the palliatives we ever heard of, and then console the mourning survivors that we, pretenders, did do all that science ever taught. We failed with potencies when we were not guided by anything that our school does teach, and therefore were we right to go a little further and back to Allopathy? And all this talk in this Syllabus is nothing but Schuesslerism—modern lunacy; endorsed full well, but it is not Homœopathy. What is it? Homœopathy in the physiological livery—a mule.

Revival of Bloodletting; Or the Restoration of the Lost Art.
By. J. P. Dake, M. D., Nashville, Tenn.

Being asked by my friend, the Editor of the *ADVANCE*, for a contribution to his "centennial number," I have cast about for a subject appropriate to the occasion and fallen finally upon that placed at the top of this article.

For us, in America, the present year is one inviting to a review of the past as well as a survey of the present.

• The lessons of medical experience, directing the currents

of medical opinions and shaping the future of medical practice, are the questions of 1876.

From the middle of the last century down to the middle of the present, bloodletting was in vogue for nearly every form of disease known to humanity.

Medical practitioners were truly "knights of the lancet," spurning the simpler means of the fathers, as inadequate, especially where the fight against the disease should be sharp and decisive.

Such was the extreme of the heroic, sanguinary practice—so many valuable lives were sacrificed, which gentler means, or careful nursing or a patient waiting might have saved—the world became alarmed, and paused and shrank away from medical men till a change came over the profession itself.

In one affection after another the lancet was abandoned and other means employed, till now for thirty years, venesection has been regarded as a forsaken, if not forgotten, art.

Few medical men, entering the profession during the last quarter of a century, have been taught how to open a vein for general bleeding.

But lo! a change.

At the meeting of the American Medical Association, at Louisville, May, 1875, Professor S. D. Gross, following the example of Drs. Richardson and Paget, of England, declared for the revival of the lost art.

He announced with decided emphasis:

"Bleeding will again come into fashion—history constantly repeats itself, and knowledge runs in a circle."

And the announcement was received by the Association with decided demonstrations of approval.

It is not my purpose here to enter upon an extended discussion of the merits of bloodletting, to show the wisdom of the world in forsaking it, nor the folly of Dr. Gross and his associates, in laboring for its restoration; but rather to consider the low state of materia medica and therapeutics, as held by them and more commonly resorted to, when such a new departure and retrograde movement can be seriously

proposed and enthusiastically received in the American Medical Association.

The unsatisfactory and destructive effects of venesection may be found set forth very fully in the medical journals of the first half of the present century, as they abound in facts and arguments quite sufficient to overturn all the theories and reasonings of the rejuvenated Sangrado School.

It is hardly possible for Dr. Gross to name a pathological condition for which he would bleed a patient, that there are not numerous and competent witnesses, among his own brethren, to testify that that condition has been made worse, if not fatal by bleeding. The first affection named by the restorationists, for which an early and copious bleeding is called for in preference to all other measures, is apoplexy; and yet Dr. Martyn Paine, himself an advocate of venesection, says:

"Considering the varied influences of the brain upon the properties of life, in apoplectic affections, and the manner in which we have seen that bloodletting affects this organ, and the consequent impressions which are propagated from it over the whole system, it must be obvious, where the general lesion is very profound, that the abstraction of blood, at the outset of an attack, may so increase the pernicious influence of the brain upon the sinking powers that, neither nature nor art can repair the injury."

And so I might go through the list of congestive, inflammatory and febrile affections, for which they would consider bleeding a *sine qua non*, showing the contrary opinions of men quite as learned and much more conservative than themselves.

If "knowledge runs in a circle" always, no new light having been gained, and if this revival of venesection is but an example of how, "history repeats itself," as seems to be claimed by Dr. Gross, upon what new or better grounds can its advocates base their claims, than those long since swept away?

It would hardly seem credible that their conclusion in favor of bleeding is drawn solely from the premises above stated.

Putting the argument into syllogistic form it would stand in this wise:

1. The knowledge of the last century sustained the practice of bleeding;
2. Knowledge runs in a circle and history repeats itself.
3. Therefore knowledge must come around to support bleeding again, history being thus repeated.

But notwithstanding the apparent adoption of this mode of reasoning, on the part of Dr. Gross, it is noticeable that, both he and his associates across the sea, would rest their cause upon some additional grounds. In following them through their discussions and bringing their propositions together, we find the argument generally running thus:

1. Bleeding was carried to an extreme;
2. Practices carried to an extreme beget their own neglect and, however good, are discontinued;
3. Therefore, and in this wise, bleeding was discontinued.

It being thus settled, and quite logically too, that venesection fell into disgrace and neglect through the intemperate zeal of its practitioners, and not on account of its uselessness or its essentially bad effects, why should there be any opposition to its restoration among therapeutic measures?

And, after this stunning inquiry, as if advancing with some degree of assurance, the revivalists make another argument after this fashion:

1. The substitutes for bleeding have failed to fill its place;
2. A measure, once in vogue, displaced by substitutes, should be restored when the substitutes fail;
3. Therefore bleeding should be restored.

The conclusion reached in this syllogism must of course depend upon the antecedent propositions. If they are both true it must also be true.

That all the substitutes for bleeding have failed is by no means proven.

So far from submitting any proofs of their failure, the American champion of the lancet very frankly acknowledges that he knows nothing about them.

Dr. Gross, before the American Medical Association, said: "*Of Aconite and Veratrum viride, now so universally employed as antiphlogistic agents we are totally ignorant.*"

If so lacking in knowledge of the properties, effects and uses of those chief substitutes for and sturdy rivals of the lancet, how can Dr. Gross and his associates be qualified to pass any judgment upon them?

And the second proposition, or premise, that a measure once in vogue, but displaced by substitutes, should be restored when its substitutes fail is very far from admitted.

If, for reasons deemed sufficient, a measure has been abandoned for others considered better; and if the substitutes, one after another, have proven unsatisfactory, it will not do to conclude that the original measure was necessarily good; and above all, it will not do to assume that, that measure is to be restored, as the best, for the present and for all coming time.

It would be more in keeping with the spirit of the age and of the current modes of settling the questions of science, to push investigations *forward*, in place of falling back upon that, which the world, after the most ample experience, has abandoned, as not only unfit for its purposes, but as actually too hazardous for toleration.

If not satisfied with his materia medica, how much better for Dr. Gross to urge some proper, some systematic experiments, whereby to ascertain the powers of *Aconite*, *Veratrum viride* and other similar agents, in the human organism in place of making a public acknowledgment of his ignorance concerning them and his readiness to return to the justly condemned measures of the past.

And how more becoming a scholar and leader in the profession, to remove the scales of prejudice from his eyes long enough to look upon the writings of those, who, for many long years, have experimented and studied and applied the *Aconite*, and other "antiphlogistic and febrifuge" agents finding them incomparably safer and more efficient than the lancet.

Surely the scales of prejudice have been very thick upon the eyes of Dr. Gross, or he has been indulging in a sleep

longer than that of Rip Van Winkle, not to have learned something, and something good, concerning *Aconite* and the other remedies he would now lay aside for bloodletting.

Such ignorance, not alone in the opinions of the medical profession, but as well, in the opinions of the educated laity of the world, must soon place the professor where he belongs, among the laggards of science.

It is no proper excuse for his want of knowledge that to obtain it, he must go beyond the narrow limits of his sectarian enclosure, even upon homœopathic ground.

And to assume, in the face of the thousands of successful practitioners, who daily use the remedies of which he professes so much ignorance, and in the face of the millions of people who yearly experience the happy effects of the same, that he has sought knowledge upon homœopathic ground and found it not, would be but the addition of mental incompetency to inexcusable ignorance.

Did space permit, it would be interesting to trace the history of the decline of bloodletting and of the rise of the various substitutes for it, at different times in vogue.

It is well known that, while the so-called excessive use of the lancet did much to hasten its discontinuance, the rise of chemistry into the sphere of organic structures and functions, and the consequent suggestions of chemical theories and remedies for human ailments, did much also, to draw the medical mind in other directions. And it is well known that the Brunonian pathology and style of therapeutics, sweeping over the medical world, with its stimulants and supporting treatment, at the beginning of the present century, did nothing more than to afford stimulus and support to the reducing practice of phlebotomy.

And last, but by no means least, came *die milde macht* of Homœopathy, showing the world the utter needlessness of resorting to measures, often destructive and always hazardous.

To those having sufficient faith—faith enough to make them obedient—it has proved a saver of life, equal to almost every demand; and to those regarding its law as fanciful,

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and its doses mere nonentities, it has afforded indubitable proofs of the efficiency of the *vis medicatrix naturæ*.

In either case the argument has been decidedly against the practice of bloodletting.

Since the beginning of the present century, certainly not since the finer developments in Anatomy, Physiology and Pathology have shown mankind how wonderfully and fearfully they are made, and how sickness and death, health and recovery depend on causes and molecular changes scarcely appreciable, has there been a more sad desertion of medical discrimination and wisdom, or a more sickening relapse into the barbarisms of the past, than exhibited in the present effort for the restoration of bloodletting.

It tells of the ignorance, not alone of the masses, but also of the leaders, in the orthodox medical profession, in regard to the positive powers and rational uses of medicines; and it tells of the blinding effects of medical bigotry and of the downward and backward tendency of professional indolence.

It is so much easier to cut a vein and let the crimson current of life run, till disease lets go, than to study diseases and remedies, discriminating closely and selecting and applying carefully, that which is safest and best in each case.

Assuming the stand-point of an allopathist, with eyes tightly closed, as to all the discoveries made outside the orthodox fold, and surveying the effects of the massive and mixed doses of drugs, as commonly administered, it is, after all, not so surprising, that dissatisfaction should arise, and a disposition to look for something better, something more surely good.

The view from such a stand-point may be some apology for looking even backward toward the practice of bloodletting.

The abandonment of the old *materia medica*, evinced by this return to the lancet, is one of the real signs of medical progress.

From this time forward the unity of allopathists is gone. Some of them will come to our standard, many to the expectant or do nothing practice, talking much of sanitary

science; while a few will fall back upon bleedings, moxas, setons, issues and blisters.

As Homœopathists, we have only to be true to our principles, pushing more wisely and well, drug experimentations and applications and the victory will soon be won. Public institutions will soon come to our hands, and the art of healing, like that of astronomy, will everywhere rest upon a grand natural law.

In conclusion I can but think, how singular it is, that at the close of our first century, as a nation, there should spring up such a wonderful effort, on the the part of any American physicians, for the restoration of that blood-thirsty and remorseless lancet, which slew our first great president **GEORGE WASHINGTON**.

Cerebro-spinal Fever. By W. E. Green, M. D., Little Rock

Geo. R——, aged eleven years, had been suffering from rheumatism for several months; he also had had several attacks of intermittent fever during the summer and fall.

During the night of January 11th, 1876, he was taken with severe occipito-frontal cephalalgia, accompanied by rigors and slight vomiting. His mother supposing him to have a return of rheumatism manifested no uneasiness from his symptoms and did not call in medical aid until morning. I was summoned at eleven a. m., January 12; found the patient suffering intensely; all his symptoms portending severity if not fatality.

He complained of pains in the cervical, occipital and frontal regions; also of chillness, and desired to be heavily covered although the room was very warm. His pulse was 60, and weak; his breathing slow and irregular; extremities cold; bowels constipated; urine scanty and high colored; tongue

brown, dry and pointed. There was muttering delirium with dullness of intelligence, but he would answer questions intelligibly when fully aroused.

The eyes were turned back and the pupils dilated; there was a marked degree of deafness, and the patient complained of buzzing or roaring in his ears. The muscles of the neck and back were very rigid; this also extended to the flexors of the fore arm and legs. The retraction was very great, amounting to opisthotonus. * * * There was tenderness along the spine with seeming cutaneous anæsthesia, decumbency on the side, with a disposition to frequently turn from one side to the other.

I pronounced the case Cerebro-spinal meningitis, and gave an unfavorable prognosis.

I directed bottles of warm water to be applied to the extremities, and prescribed *Aconite* 1st and *Arsenicum* 3d, to be given every half hour in alternation.

January 13th, 10:30 a. m. I found the patient's condition seemingly improved. The extremities were warm, the skin moist, tongue moist and coated a pasty white, pulse 90, breathing quicker and more regular, mental condition much the same as yesterday. He had been restless during the night, and would frequently scream out with pains in his head; I ordered beef tea, and gave *Gelseminum* 1st every hour.

I visited the patient again at 4:30 p. m. There was a marked change for the worse. The pulse was now 120, full and bounding, breathing quickened and irregular. The eyes were bright and glistening, with pupils widely dilated; prescribed *Verat. vir.* 1st every hour.

January 14th, 9:30 a. m. The patient had passed a very bad night, is constantly muttering and can be aroused with difficulty; increased muscular tremors and carphology and difficulty of swallowing even liquids, pulse 130, breathing very quick, tongue dry, sordes on the teeth, incontinence of urine. Pres. R *Alcohol* 3j. Water 3iij M. Sig. Dessert spoonful every two hours, also *Hyosciamus* 3d in alternation.

I saw the patient at 5 p. m. The nurse stated that after

taking the medicine (*Alcohol*) he seemed better and rested better for several hours. At 3 p. m. he indicated a desire to urinate; she presented a vessel and he passed about one and one-half ounces of thick, milky looking urine.

A little after 3 p. m. he began to grow rapidly worse. He was now comatose, pulse 140 small and feeble, breathing 80 and with tracheal and bronchial rattling. He expired at 8 p. m.

CASE II. Ellen R—, aged 36 years, has been suffering from quartan intermittent fever during the fall and winter.

January 12th, 11 a. m. While I was prescribing for George, her son, she complained of being chilly and stated that it was her chill time and asked me to give her some medicine. She presented no symptoms other than those ordinarily accompanying chills, so I prescribed *Aconite* and promised other medicine to stop the paroxysms on the morrow.

January 13, 10:30 a. m. The patient had a very unquiet night with rigors, diarrhœa and vomiting since yesterday noon. She complains of severe pains in the back of her head and forehead, in the sacro-lumbar, uterine and ovarian regions, also of excruciating pains in the left knee, which she attributes to a severe bruise received a few days previous. Pulse 80, breathing quickened and irregular, extremities warm, skin moist, tongue slightly coated white.

During the night she passed several dark clots of blood from the womb. Diagnosis, Cerebro-spinal Meningitis; prognosis, doubtful. Prescribed *Gel.* 1st, in alternation with *Cimicifuga rac.* 1st, dose every half hour.

4:30 p. m. Patient delirious and very restless, continually tossing about the bed, can be with difficulty restrained from getting up and wandering about the house. She complained bitterly of the occipito frontal cephalalgia and pain in the back, pulse 120, full and bounding, breathing quicker and irregular, skin moist, face suffused, eyes bright, pupils widely dilated, convergent strabismus, diplopia and photophobia, tinitis aurium and hyperacusis. There was tenderness all along the spine and cutaneous hyperæsthesia. Pres. *Verat.*

vir. 1st, gits xxx to half glass water, one teaspoonful every half hour.

January 14th, 9:30 a. m. Symptoms much the same as yesterday, greater delirium with more apathy and dullness of intelligence. Continued *Veratrum* and gave *R Alcohol* 3j Water 3iij. M. Sig. one tablespoonful every two hours.

The nurse stated that after taking the medicine (*Alcohol*) she seemed to be easier, and rested better for several hours; she had slept some at times, was quite rational and asked about her little child, but was now growing restless and delirious again. I continued the remedies at longer interval.

January 15th, 9:30 a. m. Found the patient in a stupor from which she could not be aroused to consciousness, low delirium with incoherent mutterings, pulse 130 and feeble, breathing quickened, difficult swallowing, muscular tremors and flaccilation. Since the evening before there had been retention of urine. I drew off about twenty ounces of dark colored, offensive urine. Pres. *Hyosciamus* 3d.

I saw her again at 5 p. m. She was in a comatose condition, pulse 120 and very weak, breathing 60, skin warm and covered with a very profuse perspiration.

She died at 1 a. m. January 16th.

CASE III. Charley R—, aged 7 years, had been suffering for several weeks from intermittent fever of the quotidian type.

January 18th, sixty hours after the death of his mother, he was taken with chill and vomiting. At 1:30 p. m. I visited the patient and found him suffering from the following well marked symptoms: Extremities cold, pulse slow and feeble, breathing slow and irregular, nausea, vomiting and thirsty, tongue coated white, urine scant and high colored, severe cervical and occipito-frontal cephalalgia, head drawn back, pupils dilated, complains severely of pains in the knees, finger and toe joints. Diagnosis, Cerebro-spinal Meningitis. Prognosis, death. Prescribed *Aconite* 1st, gits xx to half glass of water, one teaspoonful every half hour. I also ordered hot baths of twenty minutes duration, to be given every 3 or 4 hours.

January 19th, 9:30 a. m. The patient passed a very unquiet night, but seems better this morning than on yesterday. Extremities warm, skin moist, pulse 90, full and bounding, breathing quickened and irregular, tongue white and pasty, bowels loose, urine scant and milky looking, face suffused, eyes glistening, pupils dilated, other symptoms same as yesterday. Prescribed *Tinct. Verat. vir.* gtts vj to half glass water, one teaspoonful every half hour, also, *R Alcohol 3j, Water 3v M.* Sig. dose, teaspoonful every two hours. Time between doses to be lengthened to every 3 or 4 hours, if symptoms grow more favorable.

January 20th, 10 a. m. The nurse states that after taking the medicine (*Alcohol*) the patient seemed better. He is now resting much easier than yesterday and seems improved. This improvement continued until about 10 p. m. when he began to grow very restless, convulsive and delirious. He grew rapidly worse and died at 8:30 a. m. January 31st.

These cases were somewhat remarkable on account of the singular difference in the symptoms; the sporadic origin of the disease (there being no other case in the city at the time,) the seeming miasmatic cause (all three having intermittent fever) and the rapidly fatal termination of the disease. Whether the cause of the disease be miasmatic poison or whether it be produced *sui-generis*, in my opinion makes but little difference to the practitioner, for it will avail him nothing in his treatment. Where the onslaught of the disease is rapid and severe and its advance is not checked before effusions of purulent matter, softening or other marked pathological changes have taken place, I believe almost every case will prove fatal. In all epidemics of this disease, cases have occurred in which no appreciable changes have been found in the cerebro-spinal membranes, showing that we have a toxæmia, or a poison acting upon the blood and the ganglionic nervous system with sufficient intensity to produce death without perceptible pathological changes and when these changes also take place we certainly can have but little hope from medicines.

I can not record a single recovery from cerebro-spinal

fever in my practice here, nor can the other physicians show any more favorable results.

Three years ago this disease was epidemic here, and every case, so far as I was able to learn, proved fatal. Since that time there have been several sporadic cases, every one of which terminated in death.

Clinical experience therefore has not served to point out any beneficial treatment. We have individualized and closely studied each case; have pursued, in some, the most approved treatment recommended in our text books, and in others, that recorded in our Journals in which such very favorable terminations were reported, but with results in our practice very different from those reported on paper.

Hay Fever. By C. P. Alling, M. D., Dunkirk, N. Y.

Worthy undertakings often suffer at the hands of warm though injudicious friends, and the literature of our school has been much encumbered by treatises, exhibiting not only poor taste, but sometimes a lamentable want of knowledge, and producing painful reflections among those who desire to see a rational system of medicine prosper.

A touching illustration of this truth has recently come to hand, in an article published in a New York quarterly bulletin. It contains a letter on Hay Fever, copied from the U. S. Med. Journal, with remarks by the Editor, wherein the curious statement is made that many suppose the disease to be caused by an "animalcule" or, further on "a little animal," also giving account of a woman 70 years of age who had been afflicted with Hay Fever for the *last seven years*, and was finally "radically relieved" by wearing a string of amber beads around her neck, which beads "cost the sum of \$10, etc., etc." The letter contains so many inaccuracies

and unwarranted statements that I am surprised at its first publication in so respectable a paper as the *Journal*, and am quite at a loss to know how it could have been copied into the quarterly, unless the errors were unnoticed by the Editor or the teachings coincided with his own views.

The latter theory seems the more probable, because the Editor states that he has used the remedy—amber beads—with perfect success, and wishes to give the method of treatment as great publicity as possible, and then too, I suspect he has the same mental confusion in regard to different diseases that is so apparent in the writer of the letter, for he complains to have been “more or less” affected with Hay Fever for several years, the disease usually making its appearance about the middle of August, while this year it was delayed until the 9th of Sept.; and then follows the astounding piece of information that with the use of the remedy, it was wholly gone by the 15th of same month.

In consideration of the etiology of *Catarrhus æstivus*, I was not before aware that any person attributed the cause to the presence of animalculæ.

It was long since demonstrated beyond reasonable doubt that the pollen of certain grasses during the period of flowering—vegetable emanations—and possibly the influence of seasons, operating together with individual predisposition, are the exciting and remote causes of the malady.

Regarding the case of supposed Hay Fever in a woman aged 70 years who was first attacked in her 63d year, it is more than possible that a mistake in diagnosis was made, for, according to Zuelzer, Phoebus, Blackley and Wyman, all of whom have made close personal observations, and liberal compilations from the works of others, “it seems quite evident that the disease only attacks persons under 40 years of age.” I have never known a case of first attack occurring after that age and can not help being very skeptical in regard to the anomalous case reported.

As to the “more or less” affected persons the malady bears too close resemblance to *catarrhus* only, or *coryza*, which may be produced by atmospheric influences and the

like, to be seriously considered in this connection, and consequently the claim that Hay Fever was cured by simply wearing a string of beads around the neck as stated by the writer must stand as "not proven."

I have had eight cases under advisement and close inspection for a number of years, and have always noticed a striking similarity in them both as to the time of attack and convalescence, and also the manner of attack and progress of the disease. It appears regularly about the 15th of Aug. and disappears as regularly on the advent of the first severe frost. In severe cases the effects of the disease upon the system may remain for a long time, but convalescence never fails to begin with the first frost.

I invariably advise the patient, when it is practicable, to go from home, and visit the region about Lake Superior, anywhere beyond the Sault Ste Marie, or the White Mountains or else take a sea voyage. By leaving home as early as Aug. 15th and remaining away until frost comes, the attack may be wholly avoided.

The treatment, if patient remains at home, is always unsatisfactory. I have seen the best results from use of *Ars. alb.*, *Nux vom.*, *China*, and *Sticta pul.*; but when the asthmatic symptoms are severe, preventing the patient from lying down and sleeping, I employ *Chlor. Hydr.*, *q. s.*, to ensure quiet sleep. One or two doses prove quite enough for the night, and the effects of the remedy are far less objectionable than loss of sleep and want of proper oxygenization, which result from the disturbed respiration.

One patient, a man of nervous sanguine temperament, whose case I always considered the most severe of all that came under my observation, remained at home during the last season, and passed the time in a room where the only air admitted had to pass through strips of muslin fastened before the open window and which were constantly saturated with water. He was entirely free from the disease so long as he remained in his prison, and although he ventured out during the night and on rainy days when the air was comparatively free from the pollen cells, passed the season very comfortably

and without the least symptom of asthma. He is quite satisfied that it will not be necessary to go from home hereafter to escape the attack.

The object of this paper is not to give a treatise upon Hay Fever and I omit any mention of special symptoms and pathology of the disease. I merely mention the case incidentally, thinking the novel mode of management may interest some.

I can not close without a word of commendation for the rational mode of teaching pursued by the Advance. Knowing it must be approved by the thoughtful portion of the fraternity.

Something About Clinics. By L. Barnes, M. D., Delaware, O.

EDITOR ADVANCE:

It has been intimated that you wish for something clinical, something concerning practice at the bedside. Your readers are not very fond, at least not quite so fond, of principles and theories. And yet a principle is but the sum of many clinicals. It was discovered at the bedside that the sick, for instance, were relieved or cured by medicines that acted like the maladies. When many cases were relieved in this way, it was concluded that like cures like; that is, the facts were soon condensed into this rule, or principle, or theory. The rule was founded in the facts, sprung from them, or, if you prefer, it was the facts.

Then some immediately said there was no other law of cure, and could not be. But this they did not know; they could not know. They only knew that they had found no other law, could see no other. Had they been both wise and modest, this is what they would have said, and nothing more. The wise had better be content to say this now, for possibly

some things may be discovered which lie far beyond their sight.

It may be well to learn, sometimes, what fails to cure, or how the sick by scientific hands are wrongly treated. Perhaps the law of similars, or any other law may not be needed. Perhaps our duty may be mostly that of mere undoing or stopping that which is destructive. No doubt four-fifths or more of all the sick would be relieved and easily recover, if they were let alone by wise and learned men. To do no harm is not the least part of a physician's duty. Death owes much to those who think that something very efficacious must be done, because the patient suffers. A case for illustration may be given:

Called to see a patient thirty miles away, because of its importance and severity. A young man in his prime was sick. Found him with his head done up in roasted onions; two physicians by his side, respectable and "regular." Was told that he had screamed with pain four nights. His pain was in the head, between the ears. I asked the doctors what the matter was. They said "Otitis." Had told the family, as afterwards appeared, that he had "gathering" in the ear; that this would "break" directly, and the trouble would be over. They had given *Morphine*, *Calomel* and *Quinine*, so they told me, or rather confessed on cross examination. I then examined carefully and found no swelling, redness, inflammation, any where about his ears, throat or neck. Asked him where the pain begun; he pointed out the upper maxillary nerve. The muscles of his neck were also sore and stiff; examined further down, along the spine, and found it tender to the touch. And through the abdomen there had been severe neuralgic pains. His legs were sometimes "numb," nor could he use them very well. His tongue was coated; pulse about 100.

Told the doctors and the family, it was a case of "nervous" fever; did not wish to scare them with a worse and longer name. The doctors did not believe it, but agreed, at last, to carry out my treatment, and give the medicine that I might leave. Did not think they would, but since they had

the father's confidence, the matter must be left that way. Had done my duty; took my leave.

But in the evening, while waiting for the train, a messenger came, post haste, to take me back, because the patient had sunk beneath the operation of the physic. Physic! what physic? O, the doctors had been giving some before I came that day, which had not "operated" until now. But this was such a trifling matter that they had not mentioned it. I then inquired what other trifling things, not worth the mentioning, had been done. I could not hear of anything, except the use of chloroform, inside and out—not more than two or three ounces every night. It had been put on his head, about the ears, in little handfuls—until the nurse's hands were burnt and sore—just to relieve the pain and keep the patient still.

I said some naughty words about those scientific men; accused them of deceiving me in stating what their treatment had been; said I would not tend the case in partnership with them. The family by this time were aroused, and begged me to go on alone and save the young man's life if possible.

I staid with him all night; took off the roasted onions, checked his physic—diarrhœa; kept the chloroform away, and gave him medicine for cerebro-spinal meningeal fever—not that which I had left for him; that had been carried off, by spirits or some other agency.

The pain all left his head and ears; he slept some through the night, and from that time advanced to convalescence. Discharged him in about one week, and he remains all right.

But did these scientific men confess themselves mistaken on the subject of that gathering in the ear? Not they. They had been right. The gathering had broken in the night before I saw the case. One of these men had staid with him that very night, and told the father, after he had been dismissed, that it was so, and then the patient had recovered, as they said he would. The father asked him why the nurse had not found the matter which had been discharged. Did this nonplus the learned man? Not at all. He was prepared for this emergency; at least was equal to it. He answer-

ed that it was absorbed among the membranes. But how in that case he could know that it had broken, was a little more than he could really explain.

And now, if I were asked what special treatment I adopted, I should answer that the special thing was—saving the patient from destruction at the hands of those who meant him well. This, possibly, is called more loudly for than even our especial, potent mode of practice. It was to illustrate and fix this lesson in the mind that I adduced the case. The glory of our system springs not altogether from the fact that we have found a better way to cure. The fact that we have found how not to kill is equally important.

These men were not considered quacks. Nor do they practice in a rural corner of the country, where the light of science faintly penetrates. They stand no lower in the scale than ordinary village, town or city doctors of the recognised profession. The fault is in the school that has no law, that goes by guess and advocates heroic measures. They mean well. They are honest men. Nor do they kill so many as in former days. They are improving. Perhaps they need encouragement. They are less bigoted from year to year, and therefore there is hope. The world, even the medical, is moving. But the distance it has yet to move is evidently great.

Editor's Table.

HAVE WE a prophet among us? It appears that we have; several of them in fact. Dr. McNeil, of New Albany, is one of them according to his own showing. He says: "My prediction that scarlatina would prevail and that *Apis* would prove the most important remedy in its treatment has been verified in the neighboring city of Louisville." Another of these prophets is the editor of the Investigator. He says; "We are without doubt just on the eve of an epidemic which will be shadowed forth in the chief remedies indicated." Well we are generally on the



eve of an epidemic as summer approaches. Our first prophet is pleasingly definite naming the disease, but the latter is decidedly Delphic. Just for the sake of the thing we hope something will be left for conjecture to play upon. This excessive certainty through a multiplicity of prophecies would play havoc with imagination and reduce anticipations to the plane of mathematics. Still if there are others inspired to forecast the future either on supernatural or scientific grounds, let them speak out that we may know the worst. For our part, we are believers in predictions, especially after they are verified.

THE CENTENNIAL WORLD CONVENTIONS.—During the Centennial Exposition at Philadelphia there will be two World's Conventions of medical men. Their importance can not be overestimated and therefore should be thoroughly understood.

The Homœopathic School will hold its session in June as already announced. Its chief objects are, first, to show to the fullest possible extent the character, sphere and results of Homœopathic treatment of diseases; secondly, to obtain a historical and statistical account of the past and present status of Homœopathy throughout the world. In this work all who are interested are cordially invited to participate.

The Allopathic School has already held several such conventions; at Paris, first, in 1867, and subsequently in Florence, Vienna and Brussels. Their work is therefore much better organised and the Philad. Med. and Surg. Reporter which announces their meeting to be held in September says of its objects, that they are: "first, the considerations of questions which, necessarily, the medical men of the several nations must come to an agreement; as, those relating to quarantine, to the organization of ambulance service, the adoption of common standards of weights and measures, of a uniform method of writing prescriptions, of a universal pharmacopœia and such like; secondly, the increase of information on questions of local extent, but which arise in every community, and to the solution of which, repeated and extended observations are requisite: for example the utilization of sewerage, the medical control of prostitution, the prevention of syphilis, the position of the insane before the law, the methods of hospital construction, the effect of civilization on various morbid processes and similar ones; to stimulate the general advance of science, and to soften the asperities of controversy, by opening a wide arena for the discussion of facts under the harmonizing influence of social and personal intercourse."

In most of these questions the homœopathic school is deeply interested, and it will most certainly share in all the beneficial results which will come from their discussion. It will be seen at a glance how appropriately our special work in the therapeutic field supplements the work of the allopathic school. For this we are much better qualified than they; and no doubt, in the end, they will be as much benefited by our work, as we can

possibly be by theirs; especially, if they will but honestly open "a wide arena for the discussion of facts." However that may be, we shall hold to the catholic view of getting useful knowledge from all possible sources and of freely dispensing what of good we may have to others. All success therefore to the grand work of the medical schools during the centennial year!

DR. J. B. HUNT, of Indianapolis, on account of ill health has retired from practice and will try his hand at agriculture at Westerville, O.

J. E. KISSELL, M. D., to Mechanicsburg, Ohio.

SAMUEL B. BARLOW, M. D., a veteran of Homœopathy, died in New York February 29, 1876.

A. N. BALLARD, M. D., to Shelby, Ohio, taking Dr. Clay's practice.

ADA. L. ADAMS, M. D., of Springfield, Ohio, died April 9, 1876. She was an estimable lady and greatly beloved.

DR. JOSEPH HOOPER, of Bay City, Mich., died February 28th. He was formerly a Professor in the Cleveland and the Lansing Homœopathic Medical Schools. He was a man universally respected and will be most kindly remembered by his numerous friends.

WANTED June, July and September numbers of the *MEDICAL ADVANCE* for 1874, for which we will allow 25 cents a piece on subscription, or 20 cents in cash.

DR. J. P. DAKE, of Nashville, recently made his first visit to our city since his return from Europe. A complimentary gathering of the homœopathic physicians of Cincinnati was called at the residence of Prof. C. D. Crank. A sumptuous banquet was provided by the Professor and his lady, and there was no lack of enjoyment, or good will on the part of all present. It was looked upon as a happy omen of the future unity, fraternity and success of the medical interests of Cincinnati, as related to the great South, whose distinguished representative was thus honored.

OUR readers will be interested in knowing that Dr. W. H. Holcombe, whose return from this city to New Orleans we announced, and whose health since that time has been very poor indeed, is at present recovering with a fair prospect of being able to return to active literary as well as professional duties. Our readers will hear from him at the earliest possible date.

THREE NEW HOMŒOPATHIC DIRECTORIES.—Hoyne's of Illinois and Indiana; Pettet's of Ohio the Southern States and Territories, and House's of Michigan. These are well gotten up and deserving of patronage. They are to be had from the publishers. We hope our readers will look them over carefully and make all necessary additions and corrections and forward the same.

POSTPONED.—The Homœopathic Medical State Society of Ohio, owing to the pressure of the Centennial Convention at Philadelphia, has been adjourned over until next year. This determination we believe will receive the approbation of the profession.



T. P. WILSON, M. D., GENERAL EDITOR.

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All business communications, relating to the *MEDICAL ADVANCE*, should be addressed to DR. T. P. WILSON, 223 W. Fourth Street, Cincinnati, Ohio.

To ONE who grasps the whole of medical history and who comprehends and appreciates the present status of medical art there is nothing to be found but confusion. The truth is here and there and every where, until finally it is no where. Things utterly contradictory claim equal credence. This condition of things is, to say the least, very embarrassing to thoughtful minds. It is so bewildering to the more common mind that no attempt is made to harmonize the contradictions or solve their causes. From this inevitable perplexity there are three modes of escape.

The first and most general method is to adopt some one mode of practice and stick to it exclusively. A man can be a simon-pure homœopath or allopath and show some consistency in his faith and practice. This fine sense of consistency may lead a man of intelligence a step farther; it may make him exclusively a low dilutionist or exclusively a high dilutionist, because he may detect an absurdity in trying to be both. It may affect his practice in a similar way in the allopathic school. And any man keeping himself within such bounds and shutting his eyes and ears to the claims of all other schools is enabled to pursue his practice in that supreme bliss of self-satisfaction which arises from ignorance. And this is the course chosen by a large majority in the medical profession.

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But men of finer sensibility and deeper thought are often driven to adopt another method. They listen to the conflicting claims of all who in any way profess to heal the sick, and then reject them without exception. A love for consistency has driven them into absolute medical infidelity. In the nature of things they can not decide between the various claimants and their systems and so they throw the whole overboard.

But a third method remains; though it is not understood nor adopted, save by a special few, to whom the truth has come as a revelation. The basis of this method is a law of criticism which is applicable not to medicine alone, but to science and theology and law, and in short to every department of human knowledge. Matthew Arnold has presented it to us in theology as the distinction between the *Glaube* and the *Aberglaube*.* In law, our courts present it as the distinction to be made between what is admissible and not admissible in testimony. The mass of testimony which an important and sharply fought case presents to a jury, may utterly bewilder them, until the judge, in his charge, applies a principle of criticism which sifts out the inadmissible parts and enables the jurors to grasp the truth. But for this, we would have multitudinous disagreements instead of verdicts. It might perhaps help us in medical matters, if we had a court to which we might appeal; but it will help us still more if we can cultivate, in the minds of the profession and possibly the more intelligent part of the public, an ability to do their own criticising.

In scientific matters, and in medicine in particular, we must aim to create the widest possible distinction between *fact* and *fancy*; or in other words between fact and theory. No man ever attempts the functions of a teacher without weaving the products of his mind around the facts he presents. It may be his reason or his imagination; both perhaps, and they spontaneously flow out from and over all he has to say. There can be no objection to this, save that the distinction between the fact and the imagination are obliterated. The teacher naturally seeks to have it so, for in that way his theories become established, since the hearer does not see where facts end and fancy begins.

The greatest part of the medical literature in all the schools is just in this condition. In fact the great bulk of it is theoretical. The schools have each some facts that are undeniable, but they are over run with theories as a garden with a few slender vegetables might be with weeds. Now the contradictions we meet are not in the facts, but in the theories that have grown around them.

You may take almost any article contributed to our current medical literature and it will be found, that the actual number of facts upon which it is based is ridiculously small. The excess of imagination which the writer indulges in, is painfully large. Now let us be understood. We would as soon object to a fact of nature as to a fancy of the mind. But

*See Literature and Dogma.

they are by no means equally binding upon us. The product of the mind is varying; each man or woman has a fancy *esi-genius*; but the facts of nature are unvarying and fixed. Our criticism demands this: The distinction between fact and fancy must be maintained or we are sure to be misled. And this is just where we greatly err in our medical teaching.

Here is a fine specimen from the Homœo-Pathological School.

The action of *Sepia* is manifested first in an irritation then in a sub-paralytic condition of all the terminal filaments of the vegetative system; and more especially from those arising from the pelvic ganglia. The vaso-motor nerves are not exempt and we have hence as a result after a temporary *asæmia*, a long continued passive congestion of the various visceral organs. The circulation grows imperfect, the blood, as will be afterward shown, becomes impaired and the nervous filament, supplying the blood vessels lose their tone leaving the latter in a relaxed condition. *Medical Advance*, Vol. III, page 494.

This is not nonsense by any means; neither is it solid fact. But it is exactly like what passes current for scientific *materia medica*. It is nothing of the sort. It is pure fancy; harmless enough until it is made to supplant the well ascertained facts to be found in the pathogenesis of *Sepia*.

The extension of this law of criticism is as limitless as medical science, for, with few exceptions, in all schools, our writers present us, unconsciously no doubt, a modicum of *Glaube* (fact) and a surplus of *Aberglaube* (fancy). All we ask is, that these two shall be kept apart, each given its due weight.

AN AMERICAN gentleman of considerable national notoriety lately visited England bearing letters of recommendations, in which he was styled "Prof. of the Natural Sciences." The first English savant upon whom he called and presented his credentials, advised him as a friend to not present such papers, for, said he, "It's a good deal in this country to be a Professor of Chemistry; it's a great thing to be a Professor of Geology; and the magnitude of a Professor of Astronomy is something not easily measured. But my God, when you are recommended as a Professor of all these and much more, the idea is overwhelming." This hint has its bearing on the practice of medicine and should not be lost sight of. The absurdity of our present method is clearly seen when we observe a student, by a tight squeeze, getting through with the theoretical parts of the several chairs of a college course and going out and openly straddling them all in practice.

"And still the wonder grew.

How one small head could carry all he knew."

The New Hampshire prodigy who was an idiot in all, save a marvelous capacity for mathematics, was asked how he managed to solve such intricate problems? He answered, "Oh I studies 'em up." And when a medical man is seen to fearlessly lay hold of and alike easily settle all questions pathological, gynecological, ophthalmological, and surgical, let us hope that he too, "studies em up."

AN INTERNECINE war is raging in the allopathic camp. This relieves us of the painful duty we otherwise would have, of attacking and routing them, horse, foot and dragoon. Still, as a wise man observed, what is the use of men killing each other, since, in a little while, they will die of themselves? At present the *extinguished* dean of the Ohio Medical College, is a prominent target for the missiles of his brethren. Well, it's clearly a case of overdosing; and besides, the dean gave the medicine to the wrong patient. Had such arrogance been shown toward the homœopathic school, as indeed it often has been, it would have been applauded to the echo. We commend the chalice to the lips of the sufferer. And while the effects of the dose continues, it will give a desirable respite to us of "the other school" and enable us to peacefully pursue our legitimate work in reforming, developing and elevating medical science. It will not be expected of us, therefore, that we should fight the old school, its medicine or its men, so long as they are so successfully fighting each other. It should be remembered, however, by these pugnacious gentlemen, that in the case of the Killkeny cats, there was no survival of the *fittest*.

THE WORLD'S HOMŒOPATHIC CONVENTION, be it remembered, is to be held in Philadelphia, beginning June 28th, and every body, with their wives and daughters or their sweethearts, is expected to be present. The occasion will be graced by distinguished foreign physicians as well as by the veteran corps of our own country. Not again, within the present generation, will such a desirable sight be presented. We hope to meet you all there.

Review. Organon of the Art of Healing by Samuel Hahnemann. Fifth American edition translated from the fifth German edition. By C. Wesselhoeft, M. D. Boericke and Tafel, publishers. Part First. By Ad. Lippe, M.D.

For some time past we have waited for some competent man to review the above work; but none of our men of distinction have taken any notice of the translation. Our usual and habitual modesty compelled us to wait a reasonable length of time. And as the enthusiastic endorser of Grauvogel,

Schuessler and Skinner has not spoken, we now venture to say a few words about this new translation,

The translator has given us a "Preface." We are told on page viii, that the requirements of the American are not of the same character as those of the English student, Dr. Dudgeon's plan, viz., "an exact reproduction of the founder's great work," and says Dr. Dudgeon, "I have conscientiously endeavored to render my translation as literal as possible, and as far as the different geniuses of the two languages admitted. I have retained the same expressions, figures of speech; and even the somewhat cumbrous and tautological style of the original has not been abandoned." Our translator admits to have avoided too close an adherence to Hahnemann's construction, style and punctuation. If the American student's requirements are not of the same character as those of the English student, it would have been well for the translator to let us know in what particular they differ. The student of Homeopathy in America or Australia or Germany or England or in China or in Egypt has the same requirements, and they are of the same character. Among men of letters it is generally understood that the translator is expected to do just what Dr. Dudgeon endeavored to do. The translation surely should be as literal as possible. On page x, the translator tells us: "To this state of things, Hahnemann's *Organon* needs re-adaptation." And the state of things is thus described: "The principles held by the old school half a century ago were and thus censured by Hahnemann, are now unanimously repudiated." Pray what principles? They never held any; they worshipped opinions and men, and they do so now. Of what use are their so called highly scientific experiments, such as vivisections, etc.? The clinical results are the test! It is just the same folly now as described by Hahnemann, with a few variations for the worse, for the sick. The translator tells us farther: "Although the *Organon* has been our principal text book for the present, it has not been republished under the impression that all its doctrines and principles are to be accepted literally and unconditionally. As each one has a style of his own, the details in the application of the principles of the

Organon must necessarily vary with different individuals. While admitting these, we should also allow a certain latitude in the interpretation of various dogmas advanced in the Organon. Indeed, our best authors, and among them Hahnemann's earliest disciples, have always exercised absolute liberty of personal judgment in these matters."

To our mind it seems that any man who can utter the above sentence is not imbued with the genius of Homœopathy. He says: "For the present the Organon has been our principal text book, and because it was not supposed that the doctrines and principles were to be accepted unconditionally!" There have several "Organons" been published. They were caricatures drawn by men whose names we execrate, they were at last sold for old paper. And when men of distinction, with the "Infallible," shrug their shoulders and say: "Yes, partly we do accept the Organon," and never "illustrate" what suits and what must be rejected, the thoughtless like a slave bows down—and in appealing to the endorser of all men of all complexions, reiterates all this and—fails to illustrate. In general terms he speaks, and stammers. And now this learned translator claims, "that we are bound to allow a certain latitude in the interpretation of the various dogmas advanced in the Organon." Dogmas? Nay, they are fundamental principles based on the laws of nature. Dogmas require "faith" for their acceptance. Fundamental, infallible principles are based on "facts" and not on "faith." And to make that an easier task, he has quite skillfully set Hahnemann's own interpretations, his foot notes, in the back ground, has cunningly, but unbecoming a faithful translator, so separated them that the reader of *his* rendition will not be likely to peruse them. This latitude of freedom has been claimed before; it is the siren song, enticing weak, thoughtless men away from the true faith; but ere the song, enticing careless men away is finished, it will turn into the chanting of the Requiem, and the first solo of that Requiem was sung at Chicago on the 8th day of June, 1870. The ruthless hand which then did cut down the flag on which there was inscribed "Fidelity to principles," on one side, on the other the law

of the similars, the single remedy and the minimum dose, and did then in its stead hoist up the Red Flag, the flag of communism, on which there were inscribed on one side, "Freedom of Medical Opinion and Action," and on the other "Ostracism," that hand, does still try to keep it up. As a reflex of that barbarian act, we now hear just such illogical sentences altered by the translator of the greatest of all medical books that man ever wrote. And for the consolation of this translator and the master spirit who endorses this latitude in the interpretation of the Organon, we will now quote what Dr. Skinner says—a convert to our school, a man past the age of enthusiastic antics, a ripe scholar and an experienced healer—not a layman. He, Dr. Skinner, of Liverpool, (whose pamphlet we shall review with pleasure, not with pain as we write these lines) did write a pamphlet in 1875, in which, page 12, he says, after showing Henderson's folly with which he tried to pick up physiological and pathological rags: "I much prefer the Homœopathy of Hahnemann to that of any interloper or would-be improver of his marvelous system, and I prefer to seek for directions how to practice it at first hand in Hahnemann's own works, where it is, thank Heaven, still to be found in its positive purity. The true Hahnemannian revels, yea, glories, in the name of Hahnemann and Homœopathy. He has no desire to see the day when Homœopathy and Allopathy will be convertible terms—the two systems being diametrically opposed to each other when faithfully and honestly practised—yet, strange to say, these men who will leave their foot prints in the sands of time, and who for years past fought the good fight against the old school of medicine, who have signified their willingness to cave in and sell their birth right, their honor, their all, that they have so long fought for the truth, if they ever possessed it, for a mess of pottage, the privilege to hobnob and fraternize with those whose system of practice they have so long and so justly opposed. I say to such men, the sooner they go over to allopathy, body and soul, the better for the homœopathy of the master, or let us hear no more of their willingness to resign the honorable name of 'Homœopath,'

or 'Homœopathist,' or 'Homœopathician,' as our American cousins prefer calling themselves." On page 62, Dr. Skinner says; "So sure am I of the truth of all the practical teachings of Hahnemann, that I would sooner change my profession altogether than give up one of them, even his psoric theory, or return to the darkness of the most advanced and enlightened allopathy."

If indeed some of the earliest disciples of Hahnemann exercised absolute liberty of personal judgment in these matters, then Hahnemann has spoken to them in language which can not be misinterpreted, his parting words, his very farewell address he left behind him are found in the preface to *Arsenic* the last remedy he left to us in his chronic diseases, vol. v. And here they are: "Let every one depart from this most sacerdotal and most devoted of all earthly occupations who is wanting in thoughtfulness, in any necessary knowledge or in the tender feelings of men's happiness and duty, that is to say, in pure virtue. Away with the miserable people, who assume the external appearance of a healer, whose heads are full of vain presumptions, whose hearts are full of frivolity, whose tongues spurn truth and whose hands dispense destruction."

The true disciples of Hahnemann, the honest Homœopathicians have in all times and to the present day declared their faith and their adherence to the master's teachings, just as now noble, fearless, honest Dr. Thomas Skinner does; and he, as those that were allowed by divine providence to see the light and to accept it, spurn most indignantly the miserable, selfish and blind men who "exercise absolute liberty of personal judgment in the interpretation of the Organon."

The greatest liberty is "slavery to law," but if a man is but a law to his own selfish pride, he will adhere to no law that does not suit his vanity. Good Dr. Thomas Skinner, whose ill-advised brethren wish to hobnob with allopathy may now learn that the American cousin is not half as good, he does hobnob with "the eclectic" and for their sake, that they may be protected, "*men of distinction*" are selling out their birth right, and now become the bitterest persecuters of the true and faithful followers of Hahnemann.

Surgery.

Gun Shot Wound. Case of John R. Hallowell; Ball in the Skull. By W. H. Jenney, M. D., Kansas City.

I was called at 7 o'clock a. m., January 12th, 1876, to see John K. Hallowell, whom I found lying on the right side with gun shot wound of the head, inflicted by a Smith & Wesson revolver, small size. The ball entered the posterior part of the head near the lambdoid suture on the right side. The wound presented a very gory appearance and I expected to find the patient unconscious, but on the contrary he seemed as calm almost as if nothing had happened, and would have given me a detailed account of his case, had I desired it. The patient was very pale, but had no appearance of collapse. The wound had bled very freely, but had almost ceased at the time of my arrival, thirty minutes after the accident.

I cleared the wound of clots and cut away the hair and probed the wound. The probe passed directly into the brain until it would pass no farther, but it struck no hard substance; the ball had undoubtedly changed its course or gone beyond. I next examined in all directions for pieces of the skull, but found nothing. Passing the probe round the aperture in the skull, it seemed perfectly smooth. The wound was three inches in depth. The external parts were very much tumefied, but no powder marks upon the scalp. The probing gave no pain or uneasiness. The patient had vomited at intervals of 15 or 20 minutes from the time of the injury, for which I prescribed a little diluted whisky, and after an hour or two the vomiting ceased. Pulse at 50 and full, no fluttering or intermission. I applied *Arnica* dressing, placing the head so that the fluids would exude from the wound, advising perfect quiet and that the head be placed on a plain with

the body. From this time, January 12th, 3 p. m., the patient rested quietly and free from pain, after which time delirium came on and he seemed to suffer greatly from pain in the wound. Prescription, *Arnica* 30th, *Aconite* 30th, in water, dose hourly.

January 13th, 9 a. m., I found the patient in mild delirium. He had passed a very restless night, almost impossible to keep him in bed; the wound appeared to be doing well, very little discharge; pulse 60; iris active; skin dry; kidneys active; perfect control of the sphincters; speech unimpaired; no evidence of paralysis; patient imagines that he was thrown from my carriage, and had his skull fractured, and that I have taken out a part of the skull, and he is waiting for me to replace it, so that he can go about again. This delusion lasted for four days.

January 13th, 3 p. m., patient delirious, but not so bad as during the night. Pulse 66; declines to take any medicine in water saying that his stomach was cold. I changed the prescription to *Arsenicum* 3d trit., and *Bell.* 3d, alternately, in powders. Diet, beef tea and milk, which were given every two hours in very small quantities. Perfect quiet enjoined upon all in attendance.

January 14th, 9 a. m., patient has less delirium; the bowels have acted naturally; speech unimpaired; respiration labored; skin dry; kidneys normal; pulse 72.

January 14th, 3 p. m., less delirium; pulse 58; skin still dry; iris active; wound pains him.

January 15th, 9 a. m., patient has passed a better night; pain in the wound grows less all the time; delirium slight. Patient can be aroused if directly appealed to, but lapses back again.

January 15th, 3 p. m., pulse 68; respiration normal; still pain in the wound and delirium.

January 16th, 9 a. m., patient much improved; pulse 60; mind less confused; respiration normal; skin dry; tongue coated; kidneys normal in action.

January 16th, 3 p. m., slight perspiration; pulse 60; no sign of palsy; pupil active.

January 19th, 9 a. m., patient passed a good night free from pain and delirium; external wound is healed and no suppuration; wound crusted over and dry; covered the wound over with adhesive plaster; allowed the patient more liberal diet; color has returned and reaction seems to be re-established; allow no one to converse with patient except the family, and then only a few words at a time, and in the presence of the nurse or myself.

I visited the patient twice every day from January 17th to February 1st, and watched the case closely, no symptoms occurred of an unfavorable nature. I left the patient lying flat in the bed, and allowed him no company nor extended conversation with any one, as his mind seemed to wander if past events were called, of no matter upon what topic.

February 1st, patient seemed to be in good condition, and it being the twentieth day since the accident, I allowed him to set up for a short time, increasing the time daily until he could remain up for hours without being fatigued, but urging the necessity of quiet, and freedom from all annoyance. Nothing happened of importance until February 12th, (just one month from time of injury. Patient seemed more obstinate and flighty; had a slight chill; at night wanted to sit up and watch the house for fear of burglars, etc. The day was cold and raw; his head seemed to pain him over the vertex and through the temples; patient could not read, complained that the lines ran together. Any other attempt at memorizing caused him to look wild and insane. For a few days his symptoms seemed to be periodical, one day well the next day a little fanciful and quite obstinate, was determined he would go to work. This lasted for about a week, and from this time until March 12 he seemed to be doing very nicely, and could read, write and walk around the house without any fatigue. March 11th he was determined he would go out. The result was he walked a long distance in a high wind, and now he is back again with a rigor, followed by another on the 13th of March and each night a sweat; pulse does not seem to vary much; days cold; pain through the wound.

March 14th, he seems unusually well again but weak; no sweat in the night.

March 15th, quite well but a little wild; reads nearly all the time; memory seems much better.

March 19th, day cold with heavy snow storm; patient chilly; complains of pain throughout the wound, this pain has been present since March 17th; nights more restless.

Strong weather affects the patient very perceptibly, it makes him gloomy and obstinate, his mind being very much disturbed and the head painful. Tracing the pain as he gave it to me this morning, it extended from the point of entrance of the ball to the coronal suture, but he could not exactly fix the point at which the pain ceased. I told him to mark the exact point, if he could, with ink and see if it extended always to the same mark. At no time since his injury has he appeared entirely like himself; inclines, when excited, to aberration. Insanity is hereditary in the family, also phthisis pulmonalis. Patient is twenty-seven years old; sanguine temperament; he has always been temperate and a hard worker; occupation accountant. At no time during his sickness has he shown any tendency to palsy; his taste has been unimpaired since reaction came on. The ball in all probability has become encysted but what of the spicula of bone and blood clots; can we be sanguine of our case for months to come?

Remedies, *Acon.*, *Arnica*, *Bell.*, *Arsenicum*, *Hypericum* and *Rhus T.* have been used in the case at different times. *Arsen.*, *Bell.* and *Rhus* have been more often indicated than the remaining ones.

Callendula. This remedy always charms me by its most excellent action in external dressings, both for acute wounds and old ulcers, and I do not think I can laud it too highly.

General Clinics.

A. S., age 67, occupation laborer, has been suffering for several years with anasarca, his lower limbs being more than double their natural size.

He has been an attendant upon my clinical services at the hospital for about two months, having previously, since the beginning of his disease, been in allopathic hands. His symptoms upon my first seeing them were, exhaustion, sleeplessness after midnight, burning thirst, some dyspnœa, restlessness, great anxiety, palpitation of the heart, etc., for which I prescribed *Arsenicum* 30, three times a day.

I continued this treatment for several weeks with no relief, but an increase in the intensity of some of his symptoms, most important and significant of which was an increased difficulty in breathing. I now substituted *Digitalis Purp.* 1, after having made a thorough examination of the chest, and finding an accumulation of water, in depth almost marking the lower border of the fifth rib, which almost obliterated the systole murmur of the heart. This remedy I continued for a sufficient period without effect, the kidneys remaining just as lethargic as previously, secreting less than a pint of urine in twenty-four hours.

The case was daily becoming more serious and desperate in its expressions. My patient was now unable to lie down at all, and the only sleep which he availed himself of was what he could snatch in occasional periods of from five to ten minutes, in a sitting posture. He was now placed on *Apis Mel.*, five drops three times a day, but only with a result similar to my other efforts.

On Sunday, April 2d, I was called suddenly from my office with the information that my patient had frequent paroxysms that foreboded suffocation unless he was speedily relieved. I found him suffering from a condition expressed in the term

orthopnœa, he being obliged to make the most strenuous efforts to respire. The period for choice between the specific destructions which our remedies indicated had passed by, and as a dernier resort I placed him on Hunt's decoction of *Apocynum Can.*, a teaspoonful every four hours.

I called upon him the next day, and was pleased to find him slightly relieved in breathing, no doubt dependent on a slight increase in the flow of urine which had occurred. The decoction was continued, and when calling upon him on the Wednesday morning following, I was both surprised and delighted to learn that my patient was passing about a quart of urine every six hours, consequently his breathing was much easier and he had been able to lie down and sleep the night before, a luxury he had not enjoyed for several weeks previous. I still employ the same prescription, with continued improvement, nearly every appearance of anasarca having vanished under its magic influence.

The sounds of the heart are normal. Upon examination of the urine, I find no albumen or casts, and from the fact that the liver is much enlarged and has been the seat of many functional diseases in earlier life, I am convinced that the cause of the dropsical effusion arises from an obstruction in the portal circulation. My prognosis is certainly unfavorable but with the *Apocynum* I think I have at least a palliative which may bridge his life for some years. GEO. C. JEFFERY, M. D., Brooklyn, N. Y.

INTERMITTENT FEVER.—Albert S., age 4 years, was brought to me September 19th, 1875, with an inveterate type of intermittent fever, having been contracted at Seymour, a malarial district of Indiana, from which the parents of the little boy had just removed to this city, placing him in favorable circumstances for immediate attention. During last autumn quite a number of similar cases came under my observation, being residents of this city, however, none of them having more than two or three chills after the first prescription. For this little fellow, apparently, there was no remedial agent that would produce a permanent cure. *Quinine* and

other remedies would only bring forth the desired result temporarily. A relapse every seventh, ninth or fourteenth day was certain.

This case differed from ordinary cases of intermittents only in severity. Some of the most important symptoms I give. Had had chills for about two weeks when he was brought to me; chills always in the forenoon, not at a regular hour however; sometimes once every day, again every other day; sometimes the paroxysms would close with perspiration, sometimes without; before the attack, headache, yawning and stretching. Later the face presented a pale, sallow and bloated appearance; left hypochondriac region enlarged; abdomen bloated; foetid diarrhoea with pains in the bowels. After faithfully and persistently trying the most reputable medicines for chills and fever in various dilutions, and following the suggestions of several other physicians, without benefit, *Chininum Arsenic.* was thought of and prescribed. The result was no more chills and fever, about three months having transpired since, and the boy is in perfect health at the present time. S. R. GEISER, M. D.

VACCINATION SEQUEL.—A gentleman whom I recently vaccinated complained of lameness of the arm, inability to raise it from the side, or even to lift the weight of his coat, which he attributed to the vaccination.

The only apparent result of the vaccination was the local abrasion which passed away in a day or two, the vaccine "not taking." I therefore laughed at the idea of its having anything to do with the lameness. The patient thereupon grew indignant; he had never been troubled in that way before, and he said that his mother had been troubled in the same way ever since being vaccinated. This led me to examine the matter more carefully. The lameness was evidently due to imperfect function of the deltoid muscle, and I enquired whether he had not bruised it or lain upon his arm so as to sprain it. He assured me that nothing of the kind had occurred, but that the lameness had come on gradually a day or two after the vaccination without other cause.

Upon examining the arm I found that the vaccination had been made directly over, though slightly above the insertion of the deltoid on the shaft of the humerus. The virus entering the capillaries at this point, had been absorbed, and although not propagating its kind, had nevertheless permeated the cellular tissue at that point, and sceptically effecting both that and the muscle fibers, interfered with their action. I have very frequently been able to refer "rheumatism" and loss of power in the arm to that precise locality, and to trace them to a strain upon the deltoid. Here, however, was a different cause for a similar condition. Some however will regard my conclusions as a stretch of imagination. I shall in future, however, avoid the locality of the insertion of a muscle in vaccinating, knowing that lesion at that point is liable to produce far more injury than at its belly. J. D. BUCK, M. D.

SUBPERITONEAL HÆMATOCELE.—Mrs. F., married, æt. 25 years, was visited by me April 30th, 1875, and complained of severe pain in the pelvic region; great bearing down, excruciating rectal and vesical tenesmus during and after defecation and urination. She was sleepless and restless at night, had high fever and heavily coated tongue. Digital examination revealed prolapsus uteri, the neck of the womb protruding at the vulva. Crowding back the uterus and carrying the finger behind the cervix, there was found a tumor in the vicinity of Douglass cul-de-sac. Day by day this tumor increased in size, encroaching more and more upon the bladder uterus and rectum, producing frequent, urgent micturition, mucous dysentery with aggravating tenesmus. By May 5th the uterus had been forced by the tumor so far upward as that it could only be reached with difficulty. At this time the fever was intense; pulse 130 to 150; tongue dry, dark brown; sordes on teeth; vaginal secretions fetid; countenance expressive of great suffering.

This alarming group of symptoms induced me to call Dr Wm. Owens in consultation, who plunged an exploring trochar into the tumor, and thereby we ascertained its contents

to consist of grumous blood. Previous to this *Bell.*, *Merc.* and *Ars.* had been given, but thenceforth *Secale* 1st dec. was entirely relied upon.

May 11th, during defecation, the tumor suddenly broke and discharged through the bowels a large quantity of dark, thick blood. She had menstruated profusely from April 13th to 24th, after a suddenly checked menstrual flow of about two days. This tumor continued its discharge until June 2d, gradually lessening, at which time the patient was dismissed. A few weeks after, she called at my office and reported herself well and entirely free from prolapsus uteri which had troubled her for months.

To the curative agency of *Secale* is to be attributed the complete removal of a disease which in the totality of its symptoms indicated a speedily fatal issue. O. W. LOUNSBURY, M. D.

PLACENTA PRÆVIA, COMPLICATED WITH (UTERINE HYDATIDS.—Mrs. P., aged 32, and mother of four children, has menstruated regularly since weaning her last child, until last August, when the discharge became bi-monthly in its appearance, and unusually profuse, amounting almost to flooding. She is much larger than usual at the fourth month of pregnancy, thinks she is not pregnant, as she never menstruates when in that condition. Has labor like pains nearly every day, at times quite severe.

February 20th, the pains became so severe she sent for her physician. When he arrived he found her free from pain and learned she had not had a pain since the discharge of a small placenta. As she remained quiet, he left, with instructions to be called at once on return of the pains.

February 27th, was summoned in haste, and found she had been delivered of a three months fœtus, and hydatid or mole; the mole was much larger than the child. The child's feet and legs as far as the knees were dark colored, and showed symptoms of having come in contact with atmospheric influences. She made a rapid recovery. This is my first experience of Placenta Prævia in which the placenta was dis-

June-2

charged seven days before the birth of the child. E. C. BECKWITH, M. D.

DR. MORROW'S CLINICS.

CASE I. SCIATICA, ARSENICUM 30.—Mrs. C., wife and mother, aet. 50, full habit, luco-phlegmatic, with tendency to rheumatic ailments, suffered from an occasional sciatica for 25 years, following an allopathic treatment for an intermittent fever. Had been treated by numerous doctors, and had tried all the domestic remedies ever heard of without relief. Symptoms: A severe burning ache, commencing in sacral region and following the course of the great sacro-sciatic nerve down the extremities to the feet; relieved by motion; worse at night, often obliging the patient to rise and walk the floor at night for relief; seizures lasting two or three weeks at a time. *Arsenicum* 30, a dose every night for a month, cured. Has not returned in two years.

CASE II. SCABIES-RETROCESSION—ARSENICUM AND SULPHUR.—Lizzie J., aet. 9 years, strumous, second generation, fair, small growth; scabs on hands, thence spreading to other portions of person, *Sul.* 6, cleansed with carbolic soap. Improvement not permanent. *Sulphur* 30, same result. The mother became impatient; I had her bathe and apply an ointment of *Sulphur* and *Sulphuret of Lime* as directed in Bæhr's Therapeutics, which suppressed the eruption. In two or three weeks patient was seized with a remittent fever, symptoms characteristic of *Arsenicum* which I administered, in thirtieth dilution with prompt relief. Two months afterwards the scabies eruption appeared with irregular scarlet eruptions between the shoulders and down the spine toward the sacrum. *Sulphur* 4800, six pellets every third day for one week. Eruption disappeared, child remains well.

CASE III. Onie M., a female child, aet 4 years, strumous, of perhaps the fourth generation, fair, blue eyes, brown hair, well nourished; apparently well excepting enuresis night and day, keeping its clothing continually saturated by day and the bed by night. A case without symptoms. *Acon* 30, a sin-

gle dose arrested it. Am not certain that it was repeated. Twenty months afterwards was applied to by the mother for enuresis nocturna in same child. *Acon.* 30 again cured, followed by *Sul.* 30, hoping to remove the taint causing the distress.

CASE IV. RHUS TOX.—Mrs. H., a grandmother, troubled for twenty-five years with a herpetic erysipelas on the face, forehead, neck and person. Took Fowler's solution continuously for two years; "never so bad since." Fiery red; itches and burns. *Rhus Tox.* 200, six pellets every other day; after third dose lost the medicine. Eruption disappeared; not returned in eight months. D. B. MORROW, M. D.

ITCHING IN THE LUNGS, IODINE.

Mr. F., aged 45, farmer, had an attack of acute bronchitis, in the latter part of December, which gradually became chronic, and finally took the form of severe paroxysms of coughing which would last for hours, during which time he would become exhausted and nearly lose his breath. No regularity in the attacks as they came on day or night, and had but one peculiarity which was not noticed by me for some weeks. The cough was invariably preceded by an itching, commencing low down in the lungs and extending upwards through trachea to nasal cavity and to the end of the nose. The itching in the end of the nose was the signal for the cough to commence. The cough was loose, and the sputa of a white, frothy character.

He suffered very little pain and kept his appetite and flesh remarkably well. I treated him for two or three months, and during that time gave him *Phos.*, *Caus.*, *Tart. Emet.*, *Kali. hyd.*, *Bryonia*, *Hepar Sul.*, *Lycopodium*, *Merc.*, *Sulphur*, and other remedies, both high and low, without any benefit, for I believe my patient grew worse. I finally commenced examining the *Materia Medica* for his peculiar symptoms, and found *Iodine* had the symptom of itching back of the sternum, and I gave him *Iodine* the thirtieth, one dose every four hours, and in twenty-four hours he was entirely relieved, and

I believe, never had a bad spell after. He said every dose he took he could feel it to the end of his fingers and toes.

TO PREVENT THE SPREADING OF SCARLATINA do not seek change of air too soon. Scarlet fever convalescents are better in their rooms, for the first three weeks they are not only safer but they gain strength often faster than if sent out to endanger all with whom they come in contact. This is of importance in the management of schools. Convalescents should be kept from school, theaters and parties until reasonable fear of infection is over. Managers of schools should have the power to exclude from school those known to be likely to bring infection with them.—*Reporter*.

TO CHECK EPISTAXIS.—Last year an old gentleman under my care, between seventy and eighty years of age, who had periodical attacks of bleeding from the nostrils, which had generally been stopped by plugging, was becoming exhausted from the loss of blood, and the usual applications not succeeding, I mixed equal parts of the *Sesquichloride of Iron*, and water, about two drachms each, and injected it up the nostrils with a glass syringe. This immediately stopped the bleeding. Dr. J. GARDNER.

WAS IT HOT WATER, BELL., ACON., BRYON. OR PHOS.?—

Mrs. S., aet. 25, Nervo-sanguine temperament, had been suffering for several days with severe cold, but the day previous to my being called to see her had a severe chill which lasted about three hours. Found the patient in a very critical condition; high fever; face flushed; countenance fixed; respiration 48; pulse 120 per minute; hoarse cough, with occasional expectorations of glairy mucous, streaked with blood; violent head ache; pain very severe, resembling pleuritic stitch when attempting deep inspiration; crepitant rales very distinct over whole of anterior portion of lungs. I prescribed *Aconite* 3d, *Bell.* 3d, 15 drops in one-half glass water, a teaspoonful in alternation every twenty minutes, until four doses had been taken, then lengthened intervals to one hour. Also ordered compresses over entire chest as hot as patient

could possibly bear. In less than three hours the patient broke out into a profuse perspiration, and seemingly no obstruction to respiration. Called the following day, patient still doing well; slight cough; some expectoration; tongue red, with a fiery red line down center. Other conditions pointing to *Bry.* and *Phos.*, gave them in alternation every two hours. Requested the family to notify me as to condition next day. I was as much surprised as they were pleased, to learn that she was feeling better than before for years and remains so up to date, May 2d, 1876. Was it hot water, medicine or both that relieved the congestion? O. H. B.

[And if the medicine which drug was it? The result could hardly be improved upon, but it does seem that the means employed could. Aim at greater simplicity in your treatment and then you will not have so many troublesome questions to answer when the case is cured.] ED.

***Arnica* in Hæmorrhages.** By C. L. Hart, M. D., Sioux City, Iowa.

In response to your suggestion that it might be of value to the junior members of our profession, I will cite a few cases illustrating the value of *Arnica* in hæmorrhages. I shall aim to be brief and practical, for my reticence in the journals, several of which I take and read with a good deal of interest, arises from a consciousness that the space can be more profitably filled by the articles of others.

The first case which I shall cite, occurred five or six years since, in a little girl eight years old, a blonde, light hair and eyes, sanguine nervous temperament. The hæmorrhage arising as a sequela of noma. The noma followed a com-

paratively mild case of scarlatina, and was readily controlled with *Ars.*, *alb.*, *Secale* and *Kreosotum*, but as the slough loosened and fell out, a condition of purpura hæmorrhagica developed, showing numerous purple spots from the size of a pea to a dime over all parts of the body, where the blood had transuded through the vessels into the sub-cutaneous tissues. At the same time the blood oozed freely and persistently from the open ulcer of the cheek. I gave the most active styptics I could call to mind, *Ham. virg.*, *Erigeron can.*, *Trillium*, *China*, and used locally the *Persulph. of Iron* (*Ferri Persulph.*) and several other styptics suggested to our minds, but all to no purpose. In desperation, the father wanted to call in an allopathic physician of their acquaintance, one in whose skill they had great confidence, and who had graced a professor's chair in an eastern college. I readily assented, though I had little confidence in the utility of his measures. He prescribed the *Carbonate of Iron* and *Quinine*, a powder every two hours and a strong solution of the *Chloride of Iron* as a gargle every 15 or 20 minutes until the hæmorrhage was controlled. As it was nearly tea time, I went to tea and put in an hour of close study in my office, and selected *Arnica* as the nearest similitum (in its pathogenesis) to the case. As I had anticipated the preparation of *Iron* had done no good, and the case came back into my hands again, the parents utterly despairing of the life of their child. I called for a glass of water and prepared *Arnica* 3d, and gave two teaspoonfuls and seating myself by its couch I watched the effects. In fifteen minutes there was a marked change, the secretion had lost its bright color and consisted of saliva and a much smaller per cent of blood. From that moment the case steadily improved and in a few hours was out of danger, after 36 hours of incessant hæmorrhage, which had brought the patient to the brink of the grave and resisted our best efforts, until the *Arnica* was used. No further local applications were required after commencing the internal application of the *Arnica*.

Another instance illustrating the hæmostatic value of *Arnica* occurred in a well pronounced case of typhoid fever

last Autumn, during an epidemic prevailing in Monona Co., Iowa, at the time. When I first saw the patient there was much delirium, much of the time rather bland, but at times—especially at night—more active and boisterous. The tongue very heavily coated with a dark brown or black coating, very dry, deeply cracked and bleeding profusely, so the pillow, sheets, etc., were covered with blood; the teeth and lips covered heavily with sordes, the breath very fetid, the bowels passing large quantities of dark decomposed blood.

The head, face, hands, lower extremities were covered with purple spots,—some of these fully one inch across, and wherever there was any pressure, and on his shins where in being helped out and into the bed, he chanced to touch the bed rails—though it was covered with several thickness of a comfortable to protect him—they were black and blue from the ecchymosed state.

The case was a desperate one and considered by all who saw it as hopeless, yet the characteristics of the case were so similar to the case of the little girl cited above—though the pathology as based upon the nomenclature of diseases was widely different—that I resolved at once to try the action of *Arnica*, besides *Ham. virg.*, *Erigeron*, etc., had been used before I saw it.

Again I had the pleasure of observing the prompt action of *Arnica* in arresting hæmorrhage, though this case in its pathological state was a widely different disease.

And right here, if the reader will pardon the digression, I wish to make the remark, that I have no confidence in the prescribed treatment of any disease solely based upon the nomenclature, where the characteristics of the case are ignored, and such cases reported in our journals are unworthy the space they occupy, for we have no remedy or class of remedies which are *par-excellence* the remedies for a certain disease irrespective of characteristics.

Arnica improved this case at once, controlled the hæmorrhage very promptly and improving the general state. Some days after, a hæmorrhage of a different character threatened

(bright red blood) which readily yielded to *Phosphorus* 3d. The case made a good recovery in due time, and proved no discredit to Homœopathy.

PANTHAURUS SEDOIDES. SECONDARY SYMPTOMS, NOSOLOGICAL.—The prover some weeks after provings suffered from persistent constipation, an atonic condition of the bowels and rectum; itching of anus; hæmorrhoids, with aching in sacrum and in sacro-iliac symphysis. All symptoms new to the prover, and continuing until relieved by *Esculus Hip.*, which has cognate symptoms. An erythismus of the sexual system almost a satynasis; a slight varicocele of long standing was apparently cured. This condition was succeeded by a corresponding depression of sexual function approaching impotence, after months of time returning to the normal condition. The general condition of the prover, during the whole time was good. The slowness of the evolution of these effects would indicate the use of *Panthaurus* in chronic derangements of these parts. Cured a severe acute catarrh with fluid coryza; head ache; vertigo; cough; sticking pains in thorax; heaviness and trembling of lower limbs; pulse 110; with *Panthaurus* 3, in pellets; relief speedy. D. B. MORROW, M. D.

EATING AND SLEEPING.—There can be no infallible rule for eating before sleeping. If the circulatory system and digestive organs are master, then eat and produce an equilibrium. I have induced sleep by eating a small cracker, after having been robbed of sleep for hours. If all the organs and parts of the system are in sound working order, then sleep after meals is allowable. For sleeplessness *Apis* 1st helps my cases. P. S. DUFF, M. D.

Correspondence.

DEAR MR. EDITOR: In answer to the charge made by Dr. Lippe, in the foot note to his article "Schuessler for ever," contained in your April number—I send the following extract from the minutes of the April meeting of our County Society.

"Resolved, that the society after examining the report of the debate at the January meeting, have found the proceedings as published in the February number of the Hahnemannian correct

Trusting you will give this place in your Journal, that the truth may be known.

Aug. Korndörfer, Philadelphia, Pa.

CANADA—My Dear Doctor, an article came under my notice in the Medical Advance, from the pen of Dr. Ad. Lippe, which appeared to me timely and excellent, at a period when so many so called Homœopathists are running mad in their attempts to dilute, dishonor and ignore the pure and tried teachings of Hahnemann. Send me the whole series of his articles, as I would not willingly be without them. yours J. H.

It would in our opinion be very strange if Dr. Lippe's articles did not arrest the attention of a large part of the profession. He is doing the best work of his long and useful life in battling for the true homœopathic faith and practice, which if not maintained will leave us eventually only the chaos from which our science first came.—Ed.

TO THE EDITOR OF THE ADVANCE.

Dear Sir: My attention has just now been called to a communication by Dr. Lippe in the March number of the ADVANCE, in which allusion is made to some observations in

the New England *Medical Gazette*, wherein the essential difference is pointed out between the laws of nature, recognized as universal and infallible, and those which must be defined as empirical laws. It was shown at the same time that our law of cure necessarily belongs to the latter class.

These observations were directed against the assertion reiterated by Dr. Lippe, from year to year, in all our journals, until by sheer force of repetition it has become to be accepted by many as a profound truth; that the principles which he declares to be those of Homœopathy are fixed and unalterable, and that the effects of their application must be unerring and invariable; a proposition so preposterous that it is difficult to understand how it can be so persistently repeated without as much as an attempt to analyze the premises from which it flows. Although Dr. Lippe's remarks in the last number of your valuable journal imply the unqualified condemnation of the article in the *Gazette*, they are in no sense an answer to the arguments there brought forward; nor do they appear to be intended as such. This I regret, as a satisfactory determination of the question at issue, one to which all intelligent men could cheerfully give in their adhesion, is to my mind, a matter of the utmost importance to the progress and development of our school.

Dr. Lippe is pleased to make use of what are evidently meant for contemptuous expressions, concerning the tenor of the article in the *Gazette* of which he disapproves. This of course he is at liberty to do, and every allowance will be made for him; but will he allow himself to be reminded, by a younger man, that arguments are not constructed in the manner he adopts, and that it is wholly impossible to carry on a controversy, such as he has challenged, concerning our laws and principles by angry assertions, reckless statements and a headlong, incoherent mode of writing which wholly obscures what there may be of argument and reason in the writer's mind? If he really desires to aid in the elucidation of the principles upon which our science and art rest, by a vigorous discussion the *Gazette* will be glad to answer any

argument he may advance or to acknowledge its error where this is made apparent.

Allow me to say meanwhile that the ground taken by the *Gazette* is this, that notwithstanding the wide applicability of the formula *similia similibus curantur*, and the fact that it is infinitely the best guide we have in the treatment of disease by medicine, there are insuperable objections to the proposition that it expresses a universal and infallible law, as held by that faction of our colleagues who delight in the odd title of "homœopathicians." It falls short of universality and infallibility for the reason that the countless circumstances affecting the instances of cure which, as we all know, do take place under its operation, remain undetermined and beyond our control. Until we can say how and wherefore medicine exhibited under the rule, *s. s. c.*, causes the return of health, and until we can foretell with accuracy when a recovery will take place in consequence of such medication and when it will not, we can not claim to have a universal or unerring law, and are not at liberty to speak of infallibility unless we would lay ourselves open to the reproach which falls with perfect justice upon those who publicly advertise "sure cures," for cancer, consumption, and all manner of ailments.

While we can recognize but imperfectly the relation of cause and effect between the administration of homœopathic remedies and the cure following it, our law remains an empirical one, representing a uniformity of nature—the strikingly frequent coincidences of medication and recovery—and nothing more. Even when we shall have determined much more accurately than we have at present, the nature of the *similimum*, when our provings, "key notes," and our methods of diagnosing a remedy shall be infinitely more perfect than they are, our law will not be universal and unerring in spite of the greater accuracy we shall have attained in its application. Nor can it possibly become so until the properties of all the elementary substances of the organism, the nature of all its processes, and all the circumstances affecting them are fully known; in a word, until we are able to recognize and define the very essence of life itself. At pres-

ent this is a sealed book, Dr. Lippe's resort to the *Dynamis* notwithstanding. As this term represents nothing more than the vaguest hypothesis concerning a wholly unknown quantity and is neither a law divine nor terrestrial, it is exceedingly unsuited to underlie our science and art as a fundamental principle, and the *Gazette* must decline to lean on so slender a rod. To conceive the vital force as expounded by Dr. Lippe, to be a universal and infallible law can only come of poring over Hahnemann's Organon without even a fraction of Hahnemann's command of "the entire circuit of medical knowledge." WALTER WESSELHOEFT, Ed. N. E. Gazette.

Book Notices.

Homœopathy in its Relation to Diseases of Females (Women.) By Thomas Skinner, M. D., Liverpool.

Now here is a book worth the reading. It is brim full of enthusiasm and so far removed in style from our ordinary text books and monographs, that one hardly suspects he is perusing a medical work. It is but a small pamphlet of 63 pages, but it is worth a score of systematic treatises on the subject. The author, a student and assistant of Sir James Simpson, and for 25 years a practitioner of gynecology, and a Pharisee of the Pharisees in the old school medicine, ever foremost as he declares, in "persecuting or attempting to put down Homœopathy," having for so many years a "great abhorrence of Homœopathy," was at last, and by accident apparently, brought into contact with this much despised system. A sufferer himself for many years and vainly seeking relief in his own school, he finds at last, in a high potency of *Sulphur*, a complete cure. Hoping for equally good results in his special line of practice, he began cautiously to administer "the indicated remedy" according to Hahnemann. His expectations were more than met. Speaking of the contrast in the two modes of practice, as applied to gynecological cases, he says: "I may have cob-

bled them before; I never could cure them until now." Dr. Skinner is an enthusiastic convert. He writes with an intense desire to have others see the great truth of *similia* as the one potent law of medical science. And whereas, he, heretofore, following the teachings of his great teacher Simpson, used pessaries, caustics and all manner of local applications, he now discards them in toto and gives his reasons for so doing in the plainest English. Now, barring a few weak points and a few overstrained statements, this little book is so valuable, we would be glad to see it in the hands of every medical person; and its infectious spirit once caught, its instructions will surely be followed; and in this way help to revolutionize this department of medical practice at present so full of abuses.

Two Cases of Exophthalmic Goitre Associated with Chronic Urticaria.
By L. Duncan Bulkey, M. D., Geo. P. Putnam's Sons, New York.

This is an attempt to show the relations of the nervous system to diseases of the skin. It looks that way.

Treatise on the Effects of Coffee. By Dr. Samuel Hahnemann. Translated by W. L. Breyfogle, M. D., Louisville, Ky.

This is a well considered protest against the use of coffee as a beverage. Hahnemann's dislike of it—we mean the use of it by his patients—has long been well known and many of his followers have been equally emphatic in their denunciation of coffee. It remains however that the article is almost universally used, and it is probable the English translator like the author has a mania in the way of hatred of this popular beverage. However the pamphlet is a valuable addition to our library and may be read with interest and profit. We don't swallow it all—that is the pamphlet though we do the coffee.

Micro-Photographs in Histology—Normal and Pathological.

J. H. Coates & Co., of Philadelphia, have commenced a monthly publication under the above title which will furnish medical men perfect representations of microscopical views of great interest and value. Dr. Carl Sieler has the work in hand, and we feel assured that it will be well done. The pictures are not drawn but taken photographically from the microscope, and represent all that can be seen by the aid of this instrument. Each monthly part will contain at least one pathological and three normal specimens. Price 60 cts. In order to accommodate our readers we will receive and forward orders for this work.

Insanity in its Medico-Legal Relations. By A. C. Cowperthwait A. M.,
M. D. J. M. Stoddart & Co., Philadelphia, Pa.

The perusal of this work has given us unusual pleasure. We are glad that the author, as one of the representative men of our school, and a western man at that, is able to produce a treatise of so much practical value. There are to be sure but eighty pages to the book, and therefore all the more inviting to the general reader, but they will be found to comprehend all the leading points of the subject. The work moreover is up with the times, and embraces all the latest investigations and discoveries of psychology that have a bearing on the questions of insanity. There are many pages we would be glad to transfer to our journal, but those interested—and who among physicians is not? had better procure the work and study it.

Miscellaneous.

Marini's Anatomical Preparations.

Among the most curious things at the Vienna Exhibition in 1873, were the anatomical preparations of Dr. Marini, of Naples, showing how various parts may be preserved for years in an extraordinary manner. The freshness which a portion of, or a whole subject may exhibit is astonishing. For example, a foot prepared at Paris in 1864, and bearing Professor Sappey's voucher, remained quite unaltered; and on making an incision into it, the subjacent parts looked as fresh as those of a person just dead. The fatty tissue presents its ordinary aspect, and the tendons have their pearly lustre. The tissues, moreover, retain their transparency, and, viewed in the dark before a light, their different layers and the position of the bones are distinguishable. By one of his processes, Dr. Marini produces what he calls the "cori-

aceous" condition, in which the tissues are hard and without transparency, but on being placed in water recover all their freshness. A portion of such a preparation, made in 1863, exhibited before the jury, had all the appearance of being part of a recent corpse. It may be remembered that at the Paris Exhibition of 1867, M. Brunetti obtained the grand prize for his preparations made by the agency of tannic acid; but these, although exhibiting the natural forms, were dry and hard. At present M. Marini keeps his procedure a secret. Another ingenious procedure is only employed for embalming and what he calls petrification. By this means Thalberg has been preserved in a "fresh" state for the adornment of his widow's drawing room. That property of electricity has been utilized by which it transports certain salts, molecule by molecule, to one of the poles, and eliminates others, so that the tissues to their ultimate cellular terminations become penetrated with insoluble salts, while the general form is preserved. Signor Daffito, a former prefect of Naples, was so embalmed, and as it is a long process Dr. Marini, in order not to have to go to the cemetery every day while it was going on, attached a small electrical bell, which sounded as long as the electrical current continued, desiring the keeper of the cemetery to let him know when it ceased ringing. The popular imagination became aroused, and it was asserted that "the devil in person was ringing the confessional bell in the ears of the defunct prefect—he having died without extreme unction, and having had only civil burial."—*Lyon Med.*

DIETETIC.—They were eating salmon. Said she: "Ah, Mr. B., you look so much younger than you used to. Age improves you." He could do no less than reply: "Do you know that was just what I was thinking of you, and just on the point of saying?" A wicked wag sitting at the table exclaimed: "And this is what comes from eating salmon." "How so?" they both cried out. "O it helps you to fish for compliments."

Homœopathy vs. Allopathy, in the Michigan State Prison. A letter from Dr. J. B. Tuttle, late physician to the State Prison at Jackson, Michigan. "By their fruits shall ye know them."

In October, 1859, the authorities of the Michigan State Prison, taking the lead of all similar institutions in the United States, first adopted the Homœopathic treatment in the Prison Hospital. Thinking it may be useful and interesting to the profession and the public, to know something of its success during the years in which I was in charge, I will give a summary of the comparative results, which are to be found recorded in the Annual Prison Reports.

Taking then first, the facts for three years under each medical system, we have the following result :

Average No. of Convicts per Annum under Allopathic treatment in 1857, 1858 and 1859, 435 ; total No. of Deaths, 39 ; total No. of days labor lost, 23,000 ; total cost of Hospital Stores, \$1,678.

Average No. of Convicts per Annum under Homœopathic treatment in 1860, 1861 and 1862, 545 ; total No. of Deaths, 20 ; total No. of days labor lost, 10,000 ; total cost of Hospital Stores, \$500.

This improvement was obtained, notwithstanding I had to contend during the years 1861-2, with epidemics of Small Pox, of which there were thirty-two cases ; of Measles, of which there were thirty cases ; and of Cholera of which there were forty-four cases. Many of these latter were of a very severe type ; but all were successfully treated and speedily cured by infinitesimal doses, and without any resort to any kind of "heroic medication."

And here I may remark that the success of the Homœopathic treatment was so great, that many of its opponents attempted to account for it in other than the right and legitimate way. They affirmed that the good health of the inmates of the prison was owing entirely to the abundant supply of pure artesian water which had been introduced a

short time previous to my appointment. But they failed to see that the water lost its efficacy soon after Homœopathic practice was abandoned, and that it did not regain its virtues until that system was again adopted in 1872; all which may be seen, by referring to the Prison Reports for the next ten years, when Allopathy was "in" and Homœopathy was "out."

Taking another and later comparison, we find that, in round numbers:

Day's labor lost by sickness, under Allopathic treatment, in 1870 and 1871, 24,000; Cost of Hospital Stores, \$1,800.

Day's labor lost by sickness, under Homœopathic treatment, in 1873 and 1874, 11,000; cost of Hospital Stores \$900, while the average number of convicts during the last two years was greater than ever before in the history of the prison.

I have omitted the year 1872, because my attendance began in the middle of the year, and I wish to compare only full years.

Thus it will be clearly seen that Homœopathy is far in advance of the ordinary method of practice in saving life, in abbreviating suffering and in diminishing expense.

The people of Michigan, in looking over these facts as contained in the Prison Reports, cannot fail to perceive the great advantage of the new practice; and yet it is well known, that, in obedience to partisan prejudice and political pressure, an Allopathic physician has lately been placed over these unfortunates, who costs the tax-payers of the State larger sums of money, and who keeps the prisoners upon beds of sickness many days in the year when they ought to be at work. And thus, in spite of demonstrated facts, this institution is managed without due regard to the best interests of the State, in either an economical or humanitarian point of view.

All which is respectfully submitted. J. B. TUTTLE, M. D., Jackson, Mich., February, 1876.

THE PRACTICE OF MEDICINE IN SIAM.—Siam has some advantages over the West. Its medical arrangements are
June 3

worth considering; thus, the first conversation between the doctor and his patient is the question of fees, which is settled at once by a deed. In no case can their total amount exceed 5f. When the patient improves, the doctor continues to visit; when there is no hope, though there be life, he stays away, and the contract for fees becomes null and void. A popular cure in Siam for fever is the following, and may be deemed worthy of a place among other household receipts: Take fragments of the horn of the rhinoceros, the tooth of an elephant, tiger, bear and crocodile; and to these, portions of the flesh of a vulture, a cow and a goose, a morsel of the horn of a bison and a stag, and a little sandal wood: pound up all on moistened stone; administer half to the invalid, and rub his body with other moiety, when the fever will disappear.

Our Work in Brooklyn.

Few cities provide more for the charitable relief of the poor than the city of Brooklyn, and probably none in this country dispense the beneficial effects of homœopathic medication more than the institutions of our city, under the supervision and control of the physicians of our school.

We have included in our category, a Maternity for lying-in women, a Nursery for the treatment of diseases incident to childhood, and a Hospital in which are fifty beds that are constantly occupied. Previous to May 1st there were four Dispensaries in active operation to which the poor had access for treatment daily. One on Atlantic St., one in the basement of the Hospital, one on Gates Ave., and another on Fourth St. During last year, in the former, nearly 10,000 patients were treated. In the second, nearly 4000. In the third about 3000 and in the last about the same number.



Owing to the great influx of patients at Atlantic St., and a lack of proper accommodations there, the Trustees having these institutions in charge, decided to unite that dispensary with the one in progress at the Hospital.

A new wing to the Hospital is now being built for the sole purpose of adding increased accommodations for the demands that the united dispensaries here concentrate. The staff was appointed from those serving both at the Atlantic St. and Hospital Dispensaries and comprise the following gentlemen with their respective departments assigned.

Diseases of the Eye and Ear, W. S. Searle, M. D., Max F. Hein, M. D. Diseases of the Throat, E. J. Whitney, M. D., J. F. Atkinson, M. D. Diseases of Women, C. L. Bonnell, M. D., J. Albro Eaton, M. D. Diseases of the Heart and Lungs, J. F. Atkinson, M. D., C. T. Hamilton, M. D. Surgical Diseases, H. Willis, M. D., George C. Jeffrey, M. D. Diseases of the Nervous System, John Butler, M. D. Diseases of Children, Max F. Hein, M. D. Pharmacist, C. N. Scudder.

A clinic is held every day between one and four o'clock, p. m., at which each chair is represented by one of the physicians or surgeons holding it. We are doing a fine clinical work here, and the day is not far distant when a much better report of our labors will be forthcoming, supported by greater achievements in our cause than we now possess. JEFFERY.

Missouri Homœopathic Medical Society.

DEAR EDITOR:—I wrote to you several weeks ago, stating that the homœopathists of Missouri would meet at Sedalia to organize a State Homœopathic Association. Well, the time having arrived, we left here on the 4 a. m. train, and after a beautiful journey over the Union Pacific Railroad,

through the most fertile country on the footstool, we were safely landed at our destination, and proceeded to Dr. Abell's office, and a more thorough homœopath and gentleman it would be hard to find. The first familiar face was that of Dr. E. C. Franklin, of St. Louis, who is so thoroughly identified with Homœopathy throughout the land, that it would be useless for me to say more than that he is in the full vigor of manhood and intellectual supremacy. Dr. Valentine was also there, from St. Louis; a ripe student, an ardent admirer of the law of similars, and a genial gentleman. Dr. Parsons, of St. Louis, was also present, and entered thoroughly into the spirit of the meeting. The meeting was very well attended from remote parts of the State, and I should like to give you a detailed description of each physician present, but this I can not do.

At 11 o'clock we proceeded to the Templar's Hall, and commenced operations by electing Dr. Cooper, of Clinton, to the chair, who did the duties of his office with becoming gravity and judgment. The constitution and by-laws were then presented by Drs. Franklin, Valentine and Hedges, committee, and accepted, after a short discussion with Dr. Parsons, of St. Louis, who tried to engraft the new association into the dead trunk of the old Missouri Society, which had not met in 9 years; but Dr. Franklin explained to the doctor that that organization had been held over the heads of the homœopathists as a grim specter long enough, and the old society was a noted "ausgespiel," and the new constitution and by-laws adopted unanimously. Officers were then elected: John T. Temple, of St. Louis, was elected President, because of his great service to Homœopathy, his untiring zeal in its behalf, and his rare attainments as a physician; Dr. Miles was chosen as second on the ticket and a better choice could not have been made. The remaining officers were, General Secretary, Dr. Jenny; Provisional Secretary, Dr. Abell; Treasurer, Dr. Hedges.

The organization was christened the Missouri Homœopathic Institute. We had now but two hours left for the transaction of business, and very little time for discussions,

and with the exception of a few remarks from Dr. Franklin upon surgical cases, some pathological specimens from Drs. Parsons and Hallowells, gunshot wound from Dr. Jenny, there was nothing done outside of regular business—sufficient to say, the organization was complete and satisfactory to all present. The most perfect harmony prevailed throughout, and everybody was delighted, not only to have been one of the members to help on the Institute, but there was a warm friendship existing amongst all present. An entire absence of any aspirations to outshine his fellow physicians, or aspirations for office, but a determination throughout, that the Institute should be a harmonious and enthusiastic society, a new birth to Homœopathy in the State of Missouri.

Institute adjourned to meet at Boonville the 2d Wednesday in May, 1877.

W. H. J.

Homœopathic Medical Association of Kansas and the Missouri Valley.

The convention was opened at the residence of Dr. J. J. Edic, No. 618 Seneca street.

The meeting was called to order at two o'clock, by Vice-President Dr. J. Anderson, of Lawrence, and in the absence of the secretary, Dr. Gillie, of Ottawa, Dr. J. J. Edic was appointed secretary *pro tem*.

The names of Drs. W. F. Morgan, E. K. Morgan and A. B. Stockham were then read as candidates for admission, and, upon ballot, they were declared elected members of the society.

A committee consisting of Drs. McCallister, Jenney and Dick was then appointed to draft resolutions appropriate to

the death of the late president of the society, Dr. J. Lillie, of Kansas City.

An able essay on the subject of "Traumatic disease of Encephalon, dependent upon gunshot wounds and fracture of the skull," was read by Dr. Jenney, of Kansas City. This paper caused much comment, and created much discussion.

EVENING SESSION.

The committee on nominations reported favorably on the following selections of members to fill offices for the ensuing year:

President, Dr. J. Davis, of Ottawa; Vice-President, Dr. A. B. Stockham, of Leavenworth; Secretary, Dr. W. H. Jenney, of Kansas City; Corresponding Secretary, W. H. Riley, of Kansas City; for Board of Censors, Drs. Geo. Heacock, of Parsons; W. G. Hall, of St. Joseph; R. Huson, of Lawrence; C. E. McCollister, of Kansas City; and Geo. Dick, of Topeka; Board of Directors, Drs. J. J. Edic and J. H. Johnson.

Drs. Field and Annie Warren were, on motion, appointed delegates to the World's Homœopathic Convention, at Philadelphia.

On motion, Dr. H. C. G. Luyties, of St. Louis, was unanimously elected an honorary member of the society.

An able paper was read by Mrs. Dr. A. B. Stockham, of this city, on the subject of "Uterine Displacements," which created much favorable comment, both for its literary merit, and for the clear and succinct manner in which the ideas of the author were expressed.

Dr. W. H. Jenney, of Kansas City, then addressed the convention, and advanced several new and valuable ideas, formed from his experience in the treatment of diseases, with new remedies, which had come under his observation.

Dr. Gentry, of Emporia, was upon motion elected orator for the next year, together with Dr. Johnson, of Atchison, as alternate.

Four bureaus were then established, consisting of committees of two each, to obtain information on the following subjects: Surgery, Obstetrics, Chronic Diseases and Physiology,

and appointments made as follows: Surgery, Drs. Jenney and Dick; Obstetrics, Drs. Stockham and Morgan; Chronic Diseases, Drs. Grasmuck and Sunderland; Physiology, Drs. Klemp and Gilley.

The convention was then, on motion, adjourned to meet at Kansas City on the first Wednesday in May, 1877.

Injuries of the Brain.

Delicate as the organization of the brain must be, it is surprising to read of the hard knocks it can bear, not only without injury, but even to its advantage. One man who lost half his brains through suppuration of the skull, preserved his intellectual faculties to the day of his death; and the brains of soldiers have been known to carry bullets without apparent inconvenience, and to undergo operation for the extraction of the foreign bodies without loss of power. A physician, who was afflicted with an abnormal cerebral growth which pressed upon the cavities of the brain so as to paralyze one side of his body and render him speechless, retained possession of his reasoning and calculating powers until he died. One of three brothers, all idiots, after receiving a severe injury on the head, gained his senses, and lived to be a clever barrister. A stableman of dull capacity, and subject to fits, had his wits sharpened by the kick of a horse, which necessitated the abstraction of a portion of his brains; and no less a personage than Pope Clement VI. owed the improvement of his memory to a slight concussion of the brain. * On the other hand, it is a fact that the brains of persons with thoroughly disordered minds, as a rule present no abnormal appearance after death, which is not to be wondered at, Dr. Wynter de-

clares, when it is found that symptoms of a disordered brain are often produced by a very slight alteration in the constitution of the blood.

New Jersey Homœopathic Convention.

The Homœopathic Medical Society met in the Park House, Newark, with Dr. A. F. Hunt, of Camden, in the chair, and Dr. W. J. Andrews acting as Secretary. There was a good attendance of physicians from all parts of the State. The Board of Censors reported favorably upon the following physicians, and they were elected members of the Society: H. S. Anderson, B. Franklin, of Newark; C. W. Butler, of Montclair, and Charles Deady, of Summit. The time was mostly occupied in the reading and discussion of reports of various Boards, and discussion of many papers of interest to the profession. "Cases in Practice" was the title of a paper read by Dr. G. M. Ockford, of Hackensack, one of those cited was an interesting case of "Glioma Retina," in a child two years old. Extirpation was recommended but refused by the parents. The child died soon after. Dr. Cyril Verdi, of New Brunswick, read a paper on "Diphtheria," which excited considerable discussion, participated in by Drs. Nichols, of Hoboken, Miller, Meadville and Franklin of Newark, Ockford, of Hackensack, and Bailey, of Elizabeth. All united in the opinion that diphtheria was prevalent at all seasons of the year; that it was due to local causes, decomposition of animal and vegetable material being the starting point; defective drainage, improper plumbing and uncleanness, etc., being without doubt the exciting cause. The results of treatment had been in most cases flattering. No specific line of treatment could be recommended, as each case

demands individual investigation and care. Dr. Macomber, of Hackensack, read a report of eight cases of uterine retroversion treated successfully. Also nineteen cases of cerebrospinal meningitis. Three died, thirteen recovered under the use of *Arnica*, *Gelseminum*, *Baptisia*, *Tinctoria* and *Cuprum*. Dr. Richards, of Orange, read a report of several clinical cases of much interest. Dr. McNeil read a paper on the treatment of Colles' fracture without deformity.

This meeting was the largest and most interesting ever held by the Society since its charter.

Missouri Homœopathic Society.

SEDALIA, Mo., May 10.—The Homœopathic State Convention met here to-day. Physicians were present from nearly all the prominent cities and towns in the state. The meeting was a grand success and was marked with harmony and enthusiasm. Dr. John T. Temple, of St. Louis, was chosen president; Dr. Miles, of Boonville, vice-president; Dr. Jenney, of Kansas City, general secretary; Dr. Abell, of Sedalia, provisional secretary, and Dr. W. L. Hedges, of Warrenburg, treasurer. A complete organization was affected, called the Missouri Institute of Homœopathy. The next annual meeting will be held at Boonville, Mo., on the second Wednesday in May. 1877. Drs. Valentine, Jenney, Hedges and Abell were chosen delegates to the World's Homœopathic Convention, to meet at Philadelphia on June 26th, and Drs. Parsons and Hedges to the Western Institute of Homœopathy.

Matters in Michigan.

The old school medical society recently held its annual session, which, from reports, was a fearfully stormy affair. The great eye sore is Homœopathy in the University. It is another Mordecai sitting in the king's gate, and doubtless Haman will not rest until he is himself hanged on his own gallows. At present the air is full of the spirit of slaughter, and the demand for blood is emphatic. As showing the intelligence and refinement of these self-constituted arbiters of medical teaching, we quote:

"Dr. Hitchcock, of Kalamazoo, regarded Homœopathy as a baseless humbug, because it was uneducated. But the Faculty claims that its members are going to be missionaries and make the thing respectable. The society speaks out plainly, it does not want this thing made more capable of maintaining its position by helping to educate it.

Prof. McLean, of the University Faculty, said that he and his colleagues deprecated their association with Homœopathy and have accepted it unwillingly. He thought they had the monster by the throat now, and if the society would leave them alone they would strangle it. He had had his resignation in writing, and in a letter to Dr. Grosse, painted the humbug blacker than any other members had painted it. His course of action was approved by medical friends in Europe, Scotland and America. The last winter pretty nearly disgusted all students of the homœopathic department, as well as the two *illustrious* professors who teach it. If in future years Homœopathy is in the University, it will be the fault of the society which is now badgering the Faculty.

Dr. Klein, of Detroit, said that the powers of the society were not mandatory. It can ostracise the students and the Faculty from its sessions, but it can not ostracise Homœopathy from the University. One speaker had rightly cast the odium of this matter upon the Legislature. Unfortunately the humble speaker was a member of that body. The merest boy, however, knew as much why the law became a law as he.

To call Homœopathy—that is, homœopathic practitioners—uneducated and a humbug, is all well enough if the parties making such charges could themselves show a clean bill of health. Unfortunately the same report contains a picture of the character of the members of the association, drawn by

one of its own number. It is not pleasant reading, but it effectually antidotes the poisonous effects of the charges made by Dr. Hitchcock. Dr. Rynd is also one of the Regents of the University. This does not injure the force of his opinions:

To the President of the Medical State Society:

SIR—From the standpoint of the undersigned the action of your association during its present session has been marked by a narrowness, bigotry and injustice disgraceful to an honorable and learned profession. Without exercising the courage to array itself directly against the University, it has become the agent of a private school to accomplish our virtual dismembership. You do not propose any measure of relief for the state of medical affairs at Ann Arbor; you simply propose to destroy when you can not control an institution supported by the liberality of our people in your own interests and for your own ends, you desire its overthrow. You have been ably assisted by the members of the State Board of Health, itself the creature of the Legislature, aided and supported by all the prejudice, bigotry and despotism of a past age. Your conduct during the session has been unfair to a respectable minority. You have tried to shut off the expression and comparison of views by tactics of the politician. When the friends of the University honestly asked your counsel, your reply has been a notice of its disfranchisement.

Not having any sympathy with the course which you have taken, preferring personal liberty to the despotism of ideas having their origin with the burning of witches and other humane acts of a similar nature; choosing rather to exercise my personal independence than to remain under the despotism of an association which represents nothing but itself; believing that true science is not the exclusive property of your association, and that its interests are not promoted by illiberal codes, I desire respectfully to withdraw from membership in your association.

C. RYND.

A NEW INDICATION OF DEATH.—Is the patient really dead or not? is at times a very anxious question. A medical practitioner of Cremona proposes a simple method by which the question may be answered with certainty. It is to inject a drop of ammonia beneath the skin, when, if death be present, no effect, or next to none, is produced; but if there be life, then a red spot appears at the place of injection. A test so easily applied as this should remove all apprehension of being buried alive.

World's Homœopathic Convention. To be held in Philadelphia, beginning June 26, 1876.

We are authorized to state, for the information of the profession, that besides papers on surgical therapeutics, materia medica and institutes, gynæcological and obstetrical therapeutics and clinical medicine, from physicians of the United States, the following papers will be submitted for discussion:

HYSTERIA. An elaborate essay of about 60 pages on this protean neurosis, by Dr. Davidson, of Florence, Italy, whose essays on epilepsy and myelitis have attracted much attention. It discusses the disease from the newest pathological standpoint, and presents many novel and striking suggestions for hygienic, prophylactic and curative treatment for specific medication.

INTERMITTENT FEVER. An exhaustive paper by Dr. Charge, of Marseilles, giving, besides a general discussion of this disease and its treatment, the precise indications for a large number of Homœopathic remedies, some of which are seldom named by American authors. The paper combines broad scientific and ethical views with the precision of the Hahnemannian. Valuable papers on the same subject are presented by Drs. Panelli, of Naples, and Pompili, of Rome.

MERCURY AND ITS PREPARATION. By Dr. E. Huber, of Vienna; an exhaustive treatise, giving a physiological and toxicological study of *Mercury* in all forms, and its applications in Homœopathic practice. This, and a paper by Dr. Gerstel on *Mezereum*, are the contribution of the famous Austrian Homœopathic Society to the World's Convention; they are worthy of its fame and of the occasion.

APIS MEL. A physiological and therapeutic study, by H. Goullon, Jr., M. D., of Weimer, well known as the author of essays on *Graphites* and on *Thuja*, which were crowned by the National Homœopathic Societies of Germany and Spain.

PULMONARY CONGESTION. By Dr. Meyhoffer, of Nice, whose special studies of the diseases of the respiratory organs have been highly esteemed in our school. He draws clearly

the important distinction between this curable affection and the rarer tuberculosis proper, and indicates the line of treatment.

ARNICA. A physiological and therapeutic treatise, by Dr. Inbert Gourbeyre, Professor of materia medica, at Clermont, Ferrand, which displays the learning and brilliancy which characterise that author's essays on *Arsenic* and on *Conium mac.*

THE GENESIS AND ETIOLOGY OF CHRONIC DISEASES. By Dr. Nunez, and a paper on miliary pneumonia, represent worthily the Homœopathic society of Madrid, Spain.

AN ESSAY ON MODERN THERAPEUTICS. By Dr. Sharp of England, brings into discussion the *modus operandi* of the Homœopathic remedy, and certain fundamental principles of our method. This essay, with one upon Epilepsy, especially in its relations to *Hydrocyanic Acid*, by Dr. Richard Hughes, represent the Homœopathic physicians of Great Britain.

Papers from Mexico, Columbia and Brazil will also be submitted.

The Convention will meet in Philadelphia, Monday, June, 26th, 2 p. m. Circulars will be issued about June 1st.

No essays will be read in Convention, unless by special order; but the whole time will be devoted to discussion of the essays previously printed and distributed. Those who propose to speak will be invited to announce their intention as early as possible, to the Chairman or Secretary.

URO-LITHIASIS IN RUSSIA is an account of 143 cases of vesical calculi operated upon by Dr. Bojamus, of Moscow, during the ten years he had charge of the calculi of Nishui-Novgorod. Seventy-two of the calculi, with tabular records of the cases, are sent to the convention, to be afterwards given, in the name of Dr. Bojamus, to the museum of one of our colleges. The paper contains an elaborate study of the causes of lithiasis, according to the most modern pathology of the influence of these causes upon diphtheria, and of the consequent indications for preventive and curative homœopathic treatment.

Besides these papers on scientific subjects, there will be

presented to the Convention reports of the history and present status of Homœopathy in every country of the world. These reports are of the most interesting character, and are quite extensive, being prepared under the direction and auspices of the National Societies of the respective countries, and, generally, by physicians who are among the veterans of our school; they will present such a history of the origin and progress of Homœopathy, as has never been laid before the public. The transactions of the World's Convention will therefore comprise a scientific and historical presentation of great value to all who are interested in our method.

A limited number of copies will be printed for distribution to members of the American Institute of Homœopathy, and to delegates and contributors to the Convention. From others, who may desire to possess them, cash subscriptions of ten dollars for a copy of the transactions will be received up to July 14th, 1876, by the Chairman of the Committee of Arrangements, and an order given on the Treasurer of the Institute for the transactions when published.

Medical News.

DR. O. H. BUCK has located in Paris, Ky.

DR. J. C. CLAY to West Unity, Ohio.

C. GRIFFIN, M. D., has located at Clyde, O.

DR. J. G. SAXON commences practice in Alliance, Ohio.

DR. J. S. FISHER at Ada, Ohio.

DR. W. S. MULLINS at Paris, Ill.

DR. M. JENNIE BEARBY, No. 813 South 18th street, Philadelphia, Pa.

DR. A. L. MAHAFFEY to Minneapolis, Minn.

MARRIED, March 22, 1876, Sam'l R. Geiser and Miss Tillie Prior.

THE LONGEVITY of English physicians is illustrated by the fact that the London Medical Times and Gazette has selected at random from the annual necrology "just one dozen whose united ages amounted to 1,075 years, giving an average of eighty-nine years and seven months to each."

AT THE extensive eye clinic of Wecker, in Paris, a rare case presented of a parasite in the vitreous (cysticerous) which, according to the correspondent of the *Med. and Surg. Reporter* of Philadelphia, was successfully extracted without injury to the eye ball.

M. BROCA, in Paris, has a patient who is infiltrated with cysticeri. They are to be felt as a small round hard lump in every part of his body and are thought to be invading his brain.

HIPPOCRATIC.—At the recent commencement of the Bellevue Hospital Medical College, it is said, "The Hippocratic oath was administered to the class by Rev. Dr. Beach, chaplain of the college." And the graduates will now be prepared to administer the "Hippocratic countenance" to their patients, if they ever have any, and the question is, will the chaplain of the college be on hand to administer extreme unction?

THE "SCIENCE OF HEALTH" is absorbed in the *Phrenological Journal*. It maintained a useful existence for four years.

THE WESTERN ACADEMY OF HOMŒOPATHY will hold its next session at Galesburg, Ill., commencing June 6th, 1876, and continue two days. The order of business is promising. We hope our readers may have a good report of the meeting.

THE N. E. IOWA HOMŒOPATHIC MEDICAL SOCIETY will meet in Dubuque, June 14th, 1876. Though this is a semi-annual meeting, it will prove an excellent one, we hope.

DR. SKINNER'S Work on Homœopathy in Relation to Diseases of Women, is reprinted by Dr. C. Hering, of Philad., and furnished the profession at cost (\$2.00 per dozen). It should be widely distributed.

DR. W. H. BIGLER has been appointed assistant editor of the *American Journal of Homœopathic Materia Medica and Record of Medical Science*. The wonder is that a journal with so long a name can be managed by two editors.

SCRIBNER'S MONTHLY and St. Nicholas, inseparable, for the household. By all means read them.

THE POPULAR SCIENCE MONTHLY should be considered indispensable to every physician. We are pleased to know that this, the ablest of all our popular scientific journals, is rapidly obtaining a wide circulation.

THE TWELFTH ANNUAL MEETING of the Wisconsin Homœopathic Medical Society will be held in Milwaukee on Wednesday and Thursday, June 21, 22, 1876. An invitation is extended to the profession.—LEWIS SHERMAN, Sec.

DON'T FAIL TO READ the Tourist's Centennial Guide, which is sent in the present number of the ADVANCE. Look especially at the description given of Cincinnati, and then be sure you come and look "it's wonders o'er."

VERMONT HOMŒOPATHIC MEDICAL SOCIETY meets in Montpelier, June 7th. Will the Secretary, Dr. S. Worcester, send some practical items from the meeting?

The Annual Announcemeut of Pulte Medical College just issued, will be mailed to any address, upon application.

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T. P. WILSON, M. D., GENERAL EDITOR.

VOLUME IV.

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NUMBER 3.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, 223 W. Fourth Street, Cincinnati, Ohio.

IF YOU wish to learn anything about Homœopathy, you will do well to read the allopathic journals. They are full of it to repletion. It is their chief stock in trade, and it will not be their fault if it be not known world wide, that Sir JAS. SIMPSON and OLIVER WENDELL HOLMES are branded false prophets. For nearly a quarter of a century ago these gentlemen prophesied the speedy downfall of the hated system founded by Hahnemann, and still it lives. Evidence of this may be found in any of our allopathic exchanges. They seem to think, however, that all that is needed, is to pass a crushing resolution and the system will receive its final *coup de grace*. Have they forgotten the story of Banquo's ghost?

It is a very foolish notion, prevailing, to hold the entire medical profession, of either school, responsible for the acts of any one of its members. For our part we beg to be excused from endorsing all that is uttered by those with whom we nominally hold fellowship. It is impossible to fasten upon the great body of the profession even the acts of its societies. Connected with these is always a set of men, whose good sense, if they have any, is sure to be left at home. They do things, both in haste and with deliberation, that bring a blush of shame upon the cheeks of the intelligent and sober minded. We can

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not escape from these calamities. If these men were brayed in a mortar their foolishness would not depart from them. They are sure to spring a stunning resolution, or make an ill-advised speech; and these things must go into the proceedings only to be laughed at, or grieved over, by others who look calmly and dispassionately at them. But we can endure these afflictions somewhat more complacently since it clearly appears that folly is not confined to any one school or society. This crop of foolishness promises to be unusually large this Centennial year. Reports so far show that wisdom in all things is not the brightest and most distinguishing virtue of our nation. A wise judge once informed an unwise lawyer, "that there was no statute in force to prevent a man from making a blanked ass of himself." Let us be patient therefore.

O, CONSISTENCY, thou art a jewel! and therefore costly and rare. The alumni of the Michigan University Medical Department have issued a protest, which the *Philad. Med. & Surg. Reporter* quotes approvingly:

"We shudder at the fact that a faculty, in part composed of those whose names appear on our diplomas, now join hands with those who teach this unblushing charlatanism, by freely giving their students the benefit of additional instruction, thus becoming an organised corps of co-laborers in preparing them to practice a pretended system that not only shames science, but is a by word to simple common sense. When the advocates of *Similia Similibus Curantur*, and the law, that the less the dose of a given drug the more powerful it proves to be, flaunt in our faces their diplomas, bearing the same name and seal as our own, we can but estimate the value of ours, obtained when her name was without stain, as very sadly depreciated."

In the same number of the *Reporter*, an editorial disquisition on the value of light in relation to life, in which it is shown that for curative purposes in treating insanity under given conditions, light is a very valuable therapeutic agent. Dr. Ponza experimented:

"Placing his patients in chambers colored red, blue and violet with most surprising results. In a red room he placed a melancholic man, who refused his food, but who, two or three hours afterward, was found lively and hungry. In the blue chamber he placed a violent lunatic, who became much quieter. In a violet room he procured equally good results. Of all the rays of the spectrum, the violet are those which possess the most intense electro-chemical rays; the red are richest in calorific rays, while the blue devoid of calorific, chemical or electric rays are in fact the negative of all excitement, and are most useful in calming violent accesses of fury."

If he had said this fifty years ago he would have been laughed at; and even now, allowing light to be a curable agent of value, he is open to the charge of advocating "the less the dose of a given drug, the more powerful it proves to be." It has taken us a long time to find how light may be dispersed, and its primary elements used with

success. More than three-quarters of a century have passed since the discovery of the hidden elements of drugs by attenuation, and their use in the cure of disease, but our allopathic brethren remain wilfully ignorant of the fact, and only "shudder" when they are obliged to face the fact.

The Cause of Disease, and the Investigation of it. By Dr. Ad. Lippe, Philadelphia.

The May number of the North American *Journal of Homœopathy* has just been received, and as it claims to speak to the profession from a homœopathic standpoint, and is the organ of the Homœopathic College in New York, and is edited by one of the professors of said college, its utterances are weighty and should be well considered. The learned editor favors us, in that number, with a review of the just newly published translation of the Organon. The last sentence of this review reads thus: "Hahnemann never claimed infallibility, and thus there can be no wrong in differing from him in minor articles. *Aude Sapere*—dare to investigate the cause of disease, and humanity will be the gainer; for it is far better to prevent diseases than to cure them." If our learned friend means under his proposition to investigate the cause of infectious diseases in order to prevent their development, a duty now assumed by the various governments and by them executed according to their best belief, a question truly and strictly belonging to that part of medicine whose object is the preservation of health, "*Hygiene*," there can be no cause for differing with Hahnemann or any body else. The science treating of the preservation of health is an entirely different one from the healing art which Hahnemann so clearly taught in the Organon. Hahnemann surely never claimed "infalli-

bility;" he was too modest a man to so declare himself, and nobody ever proclaimed him as an individual to be "infallible." It has been, is, and forever will be, claimed that the *principles* on which he based the school, by him named Homœopathy, and which principle he has elucidated so clearly in the *Organon* are infallible. These principles we are supposed to have accepted when we accept the name; we are supposed to undertake the cure of the sick, not of diseases so called, of the sick who suffer from dynamic derangements, whose symptoms constitute their disease, and to cure them by dynamic means under the law of the similars, using only such remedies as have been known to produce on the healthy a similar condition as we find on the sick, and for that purpose it does not behoove us to investigate the cause of disease in the present meaning of such an investigation, viz: the investigation so successfully and still persistently made by the allopathic school to discover the "*Prima causa morbi*," vide the foot note to the 62 paragraph of the *Organon*. Our learned friend can also not have alluded to the "*causa occasionalis*," which is to be removed, and if such mechanical cause, or poison, or abnormal physical conditions have been removed and recovery does not follow, the case falls under the proper homœopathic treatment. When our learned friend claims the privilege, nay the right to differ with Hahnemann in minor articles, he certainly has never been, and never will be, opposed in indulging in that privilege. For instance, the professor may not fully agree with Hahnemann when he gives us in the 28th and 29th paragraphs of the *Organon* an "*attempt* to explain this natural law of cure;" and if he differs with Hahnemann why should he not *attempt* to explain better? But when he considers it his right to investigate the cause of disease, he evidently rejects one of the fundamental principles on which our school is based, he rejects the necessity to individualize, and slinks back again into the materialism of the allopathic school, first acknowledging the existence of diseases as a palpable thing, with palpable causes. We refer the learned professor to a foot note of Hahnemann's, to the 149th paragraph of the *Organon*. The only argument

which may probably convince the learned Dr. that he is in error, is to illustrate his error practically, and for an illustration we will take a well known, well defined disease, scarlet fever. Here we are in the midst of an epidemic of scarlet fever, and the "healer" is asked to cure the sick. What Hahnemann teaches we know. Treat every case as if it were a case, *per se*, find all the symptoms of the patient, especially those of the mind, then find the similar remedy, apply it in a potentized form, solitary and alone, attend to nursing, ventilation, and the general regime, and your cases do recover under the benign law of the similars; but if they all recover, if the mortality has reached a minimum, even then, for the sake of science, because your cures were not fully scientific, you must investigate the cause of this disease—and as our learned friend tells us, that we can prevent the disease if we know the cause of it, and that it is for the benefit of humanity, and it is better to prevent diseases than to cure them. What can be the cause of scarlet fever? Will Prof. L. tell us? And suppose he knew the cause of scarlet fever; suppose he agreed with Dr. Lamplough that in the scarlet fever the blood loses the saline constituents, and that being a fact, it must surely be *the cause* of the disease, and if so the supplanting of saline constituents by administering some pyretic saline, which, by order of the Dr. marches itself out of the stomach on the double quick, right into the blood, where it is expected to arrive in time to drive out the scarlet fever which in his absence flourished, but now suddenly departs. Now let us for a moment, and as a monument of generosity, and for argument's sake, admit that such was the case, that the progressive knowledge of our enlightened days would, could and did enable us to find out the cause of scarlet fever, and if it were an established fact, to which some M. D. "healers," have testified to already, that the absence of saline constituents in the blood caused scarlet fever, and then, if under these circumstances the same witnesses testify that pyretic saline restores the blood to its natural, healthy condition, then of course the sick are made well; and the laborious task of plodding over every case of scarlet fever

and of selecting for each individual case the proper remedy does no longer exist. All we have to do under this truly scientific way, is to see that the case is one of scarlet fever, and down goes the pyretic saline and our public teachers by their kindness and by aid of newspaper or journal advertisements, tell us that progressive science demands such scientific, and not laborious, treatment. Of the final result they give no positive information, nor do they ever illustrate either by giving even single cases of cure, or a summary of results in verified figures. If, furthermore, the pyretic saline is administered as a prophylactic to all apparently well persons, in order to "prevent disease," we mildly suggest that such an application for prophylaxis, would only increase the susceptibility to the disease in most instances, as not all persons carry within themselves at all times the susceptibility to be affected by the prevailing miasm or contagion. And if our own experience has taught us that the most renowned prophylactic, vaccination, if applied during a prevailing epidemic of small pox, only invites the disease, makes persons otherwise in good health more susceptible to the epidemic influences, and if taken sick after previous vaccination during the already existing epidemic, even more sick than those who were not then vaccinated, then the theory of prophylactics other than by dynamic remedies, the theory of the ultimate ability of a progressive medical science to be able to prevent, ward off disease, guided by a knowledge of the causes of the disease, will forever remain a very desirable thing, but we are compelled to call the search for it by a Homœopathist a Quixotic undertaking, a desirable thing, nevertheless. If we knew the cause of scarlet fever, and if that material knowledge enabled us to at once eradicate and even prevent the disease, what an easy time we would have. As it is, the latest literature on the disease, the most excellent and orthodox paper published in the previous number of the *Quarterly* over the name of Dr. P. P. Wells, of Brooklyn, so plainly shows the excellency, the truthfulness, and the reliability of the fundamental principles of our school if properly applied for the cure of the sick; it shows also how impossible it is to

find a specific for any disease. The great remedy which served to cure some cases of malignant scarlet fever in Brooklyn, *Ailanthus*, has not been indicated in any of the malignant cases that came up for treatment in the city of Philadelphia, but 100 miles south of Brooklyn, and the remedy which so often was the means of curing malignant cases here, *Arum tri.* seems never have to been called for at Brooklyn, and the *Arum tri.* symptoms have been so clearly given. In a short time it may all change, and because one physician does not meet with cases showing such very characteristic symptoms as would indicate a certain remedy, it does not follow at all that these symptoms published as characteristic are not so. The time may soon come when the knowledge of them stored away in a good memory may help the physician out of a great difficulty. If our learned friend would only listen to the entreaties of men who are very anxious to learn, and be a little more condescending in his addresses to the profession, if he would use a little more explicit language and for the sake of the men who are difficult of comprehension it would be a real charity. If he would just illustrate his proposition, might he not in the first place show how unnecessary it is for a Homœopathician to adhere to Hahnemann's teachings of "dynamic diseases," and how unsuccessful the men were who accepted such teachings, how we have to shape our investigations and and by what light we should make them if we look into the "causes of disease," and how again the knowledge so obtained helps us in our therapeutics, how much better the learned men cure, who have found these cases, how the results they obtained are so superior to those that accepted and faithfully, honestly and understandingly practice Homœopathy; and if he so illustrate the benefit of a knowledge of the cause of disease, we will follow him in that—better way.

Theory and Practice.

Sexual Excesses and their Influence upon Society. The duty of the Medical Profession toward them. A paper read before the Homœopathic Medical Society of the Counties of Ionia and Montcalm. By H. R. Arndt, M. D.,

There exists on the part of the medical profession of to-day a strong tendency not to feel satisfied with superficialities, but to go to the bottom of all questions of interest; not simply to prescribe for and to record the symptoms or the expression of a disorder, as they present themselves to us in our daily intercourse with the sick, but to investigate carefully their primary causes and the conditions which developed them, and patiently to consider and to study anything and everything, that may either throw light upon diseases as they exist to-day or that may be of value in their prevention.

All will readily admit the truth of the old adage that, "an ounce of prevention is worth a pound of cure" and none will deny, that, noble work though it may be to relieve suffering, it is still a higher and a more exalted work to constantly lift to a more perfect state of physical and of mental excellency, those for whose welfare the medical man is largely responsible.

Man carries in him the possibility of great strength and perfection as well as the seeds of diseases, which may, if they do not wholly unfit him for actual work, detract largely from his happiness, and above all, his usefulness. And while we, to a great extent, are what circumstances beyond our control have made us, it would be folly not to acknowledge that a vast amount of the suffering of the human race is due to ignorance, carelessness or a criminal disregard of not only all common sense and reason, but to a vicious yielding to every prompting of a morbid appetite and to the dictates of pas-

sions, which, if prudently controlled, make life pleasant, but if unbridled, will eventually wreck the noblest, the most god-like of men;—passions, which are good servants but terrible masters. Among the latter the sexual instinct occupies a prominent position.

We would lack sadly in observation and good judgment, did we fail to see that a great many of the diseases, which we daily treat, depend upon a disturbance of the sexual apparatus. There is not one among us, but has noticed everywhere the traces of such affections, which may have been transmitted through generations, thus making the descendant in the 2d and 3d degree pay for the sins of a sire, whose bones have long returned to dust and which are no more or less than the direct and legitimate consequences of constantly repeated violations of nature's most imperative laws. Whether they are violated understandingly or under an honest plea of ignorance, medical men as a body have equally failed to do their duty, either through carelessness, selfishness or a lack of genuine interest in the welfare of their neighbors; and unless we take more time and more pains to teach and to enlighten the masses, you and I will justly share the earnest censure of coming and of suffering generations.

Man, as we fully realize, differs materially from all organized creation in the two respects: first, that, unlike every other creature, seasons of the year have little effect upon his generative system; his instincts are ever present and equally strong and it needs only favorable conditions to excite them to action; secondly, that unto man sexual life is not entirely of an animal nature, but partakes, to a certain extent, of a spiritual, of a mental union, and can be perfect only and productive of an exalted type of manhood, where the latter fully exists. The former imposes upon man the necessity of being on his guard against excesses, and the latter raises him at once and forever above the level of the brute.

That a moderate indulgence of these instincts is conducive to good health and longevity we realize as fully as we know that sexual excesses are ruinous. It may seem over drawn when I claim, that there exists among all classes so genera

a tendency to excessive sexual indulgence, that it has become the crime of the age, causing as much trouble as all other failings of humanity combined, intemperance alone excepted. But I make the statement fully realizing its importance, and ask your attention to the following short summary of facts.

I would hardly feel justified in a paper like this, to dwell at length upon the effects of unbridled lust, upon the spiritual or mental relation between husband and wife, outside of an immediate sanitary interest. But we dare not wholly ignore the fact, that these very considerations, these seemingly unimportant disturbances of the mental equilibrium, are often of the least importance to the physician who is called upon to advise in one of that great number of lingering, undefined and undefinable cases which we meet with so often. For who would, at this day, dare to overlook mental symptoms, in the selection of remedies, or in giving intelligent counsel.

If a couple of young people, equally well sexed, and possessing a normal, or a large amount of amateness, have a *strong* constitution, they may indulge in a certain excess with apparent, or at least, with comparative impunity. But such cases are rare. Generally a depressed, listless appearance, a lack of energy and promptness in action, a vague expression of languor will show itself in time, and unless prudence is exercised, all that is animal in man will assume preponderance, at the expense of his spiritual nature; susceptibilities will become blunted, and especially if the wife is originally endowed with a fine mental and high strung nervous organization, a sense of utter loathing will eventually take the place of respect and love.

The tender affection she bore the husband of her choice has lost its freshness; and only too often is that genuine respect and warm admiration, without which a home is a poor place at best, buried beyond the hope even, of a final resurrection; beneath the follies of a lustful marriage bed. But that is not all. The whole sexual apparatus becomes affected with the languor, and while a heated imagination and a remorseless habit will call for and drive to constantly immoderate cohabitation, the act itself is so nerveless and so void of that pleas-

ure, which rightfully belongs to it, that it drags down the perpetrator of the outrage, not only below the level of the common prostitute, but even deprives him of the degree of animal gratification, which any brute in the field experiences. While on the other hand, a spirit of occasional self-denial, a use of reason, rather than a blind giving way to the instinct, will command the warm respect of a companion, will beget a higher degree of trust and confidence, and sexual union will not only be characterised by a healthy enjoyment of both participants, but will develop into full bloom those little affections and bring forth those many little kindnesses, all based and depending upon the strong undercurrent of love, which twine themselves around our hearts, and alone give that cheerfulness in life, that patience in trial, that mutual confidence in each other, which have so much influence upon *all* the relations of life and are so necessary for a full development of not only spiritual, but physical perfection as well. The unusual, or excessive, use of any one organ or apparatus, causes an undue afflux of blood to the parts, often an active congestion; this is especially the case with the female organs of generation. It is not unusual, particularly in brunettes, who, as a class, are inclined to plethora in any form, to suffer excessively from this congested state of the parts, at times involving the uterus, and all its appendages, and not only causing an annoying sense of fullness and a feeling of pressure, but often manifesting itself by great tenderness to touch, making cohabitation painful and distressing, and if not promptly relieved by medical treatment or by a removal of the cause, developing itself in the course of time, into a more or less severe type of nymphomania. I can recall here the case of a very interesting young lady, who, after a married life of only three years, was brought to distraction by this most distressing affliction. All treatment in her case was useless, until the husband yielded to the entreaties of the physicians, and permitted a temporary separation, during which the disorders promptly yielded to the formerly useless treatment. It, however, seemed to leave behind a tendency to a re-occurrence of the same trouble, and even comparative-

ly slight excesses would in her case, as long as it was under my observation rapidly develop very unpleasant consequences.

Vaginal leucorrhœa is undoubtedly another manifestation of the same trouble, due, probably, largely to the constantly kept up mechanical irritation, and aided by the congested condition of the parts involved. While this disorder in itself is not such as to call forth anxiety, and in a majority of cases, hardly brought to the notice of the family physician, it plays, nevertheless, an important part; for if the cause be not removed in due time (and when is it ever?) it will either result into a more malignant type of leucorrhœa, or by its profuseness still further weaken the already relaxed parts; if it does not directly cause so complete a giving way of the ligaments uteri and of the vaginal walls as to *cause* prolapsus, it will at least place the apparatus in so debilitated and relaxed a state, that slight accidents, such as the housewife is constantly exposed to, and which would be utterly harmless if the parts enjoyed vigor, will certainly produce displacements which may baffle the most painstaking and skilled treatment, just because of that lack of tone.

As I glance over the cases of prolapsus which I have had under my care, honesty compels me to admit that I have not been as successful as I could wish. I have had cases of various degrees of severity in old and young, of short and long standing; had professedly the co-operation of all the parties concerned, tried my very best to bring about a complete recovery, and as I recall the number of failures, I can assert, that in each and every one of them, nothing has given me as much trouble, and so insurmountable a difficulty, as this very laxity and complete lack of tone, apparently throughout the whole system, but above all locally, and almost in every case, to my positive knowledge. due to excessive venereal indulgence.

It is absolutely refreshing at times, to hear the expressions of surprise, if not of indignation, from a man of usual intelligence, when you charge him with being the party at fault, and had we not the actual experience, it would seem absolutely incredible that a man should protest against such a

charge, by advancing a belief that intercourse repeated no oftener than four or five times a week, year in and year out, could not be harmful. And it is right here, that we, who know what sexual life ought to be, have, as a profession, failed to do our duty, because we have never taken sufficient pains to teach as well as to practice.

I would not impose upon your patience by endeavoring to give a full catalogue of diseases produced by sexual excesses. Take a complete index to a book on diseases of women, from Alpha to Omega, and you can hardly find one but that stands more or less closely connected with the subject on hand. I believe that you will scarcely deny that even occasional diseases and organic affections of the uterus often become serious and fatal, only because there is no one to sound a warning to those who are either rushing, of their own accord, into danger, or who have not the courage to resist, forcibly if need be, the demands of brutalized humanity.

Let me ask, may not sterility be caused by sexual excesses? Is it not possible or probable, that the drain upon vitality may be so excessive, especially in cases of very weak and sensitive women, that it may not only be difficult to go through with gestation, if impregnation should take place, but may it not also absolutely destroy a woman's capacity to conceive? I know the difficulty of answering the questions satisfactorily, but I can imagine such possible consequences, and know at least of one case where the parties had been married for eighteen years without conception taking place. The wife, from whose lips I have the particulars, was glad to avail herself of the chance to visit some relations at a great distance, and stayed nearly a year. During her absence she recovered the desire for sexual gratification, which after a few years of married life had given way to loathing, regained her former buoyancy of spirits, became hearty and fleshy, and was delivered of a fine child in about 11 months after rejoining her husband.

But the guilty parents are not the only parties upon whom the consequences of a lustful life fall heavily. "Like begets like," and the number of children which yearly fall a prey to

diseases, which will prove fatal to healthy infants in exceptional cases only, tell as sad a tale as the thousands of young of both sexes, who grow up all around us, exhibiting the stamp of premature decay upon their whole frame, when they ought to be full of vigor and youthful elasticity. And when you remember that with this lessened vitality they are apt to inherit the same fatal tendency to excessive venereal excitement, that they go forth, in a majority of instances, with no one to administer wise counsel, and only too often with a taste wholly perverted and depraved. When you remember that these young people will become fathers and mothers in time, the prospect for the far off generation seems gloomy indeed.

To produce a healthful child it is absolutely necessary that the parents be in good health, and above all, that the act of cohabitation be a complete one in every sense of the word. It is under these conditions only that we can look for hardy, robust offspring. How, if you please, can we imagine the fruit of a conception to be a perfect one, when at the very moment impregnation takes place, both man and woman are in the possession of hardly enough of animal life to carry on the common duties of life. How can the father who brings to the marriage bed nothing, save a worn out and completely exhausted frame, create another being that shall be endowed with what he himself does not possess. How can the mother, either because she *must* or because she herself has no higher aim than the gratification of a purely animal craving, impart to the child of her womb, complete in its fullness, and godlike in its possibilities?

Such people have no moral right to offspring. They have no business to people this world with a race of pigmies and hermaphrodites. Let them wear out their own insignificant lives in an obscure gratification of its highest ambition, and let them be forgotten forever, when they have withdrawn from the stage they have only disgraced.

Virtue is its own reward. It is to the sensible and moderate man that we owe our perfect type of manhood; to him who approaches the nuptial couch with a pure heart and a clean hand. The men who can control their own appetite,

have given us the locomotive and the telegraph; they fill our libraries with glowing and sublime thoughts, and our galleries of art with works of undying fame; while the devotee of lust takes care to keep full our poorhouses, ginholes, asylums and prisons.

There is one phase of sexual depravity to which I would in passing, call your attention.

We are fully aware of the many devices used to avoid impregnation. It may be well to remember that such desires may, under certain circumstances, be excusable; but let us never forget the fact that generally they are conceived in iniquity.

Of the many ways of avoiding possible conception, there is one so filthy, mean and degrading, and fraught with such fearfully disastrous consequences to health, that I make special mention of it. I have reference to the practice of withdrawing the male organ from the vagina before the completion of the embrace.

The common practice of cold injections into the vagina immediately after intercourse is certainly dangerous enough, involving, as it does, the utter impossibility of an unharrassed natural cohabitation, and at the risk of an injury to health, with which so many women pay for the folly of suddenly submerging under a cold stream of water a sensitive, and at the time, highly congested organism.

But when man brings to the marriage bed so foul a nature that he can repeatedly and constantly perpetrate such an outrage upon nature's most precious gifts, he places himself at once beyond the desert of human sympathy.

Just imagine, if you please, man and woman in the act of cohabitation; their brain reeling under the powerful stimulus of that all pervading passion; the heart's action increased to a high state of intensity; the whole system, with all the energy it is capable of exciting, getting ready for that great act of reproduction, and just as that act is about to be completed when the soul of man can almost feel and grasp that of the woman, the evil genius of Lust, being more of a fool than a knave, must dash to the ground the chalice filled with the ambrosia of purest earthly bliss, if tasted with a pure lip,

must turn into the vilest poison the sweetest and holiest gift of nature to man.

Why, I have wondered long and often, that man could sink so low, be so foolish. Just conceive of the intensity of such a shock upon the system, and then have this repeated time after time, year after year. Why, there are married people who have never once in all their married life completely and unreservedly finished the act of cohabitation.

No wonder that nervousness, peevishness and all kinds of distempers show themselves. No wonder we get spermatorrhœa and impotence in the male, and a perfect host of troubles, insanity included, in the woman. No wonder homes are broken up and human lives made desolate.

I know not what your experience is, but I have confessions of such practice continued for years from the lips of men, who, themselves and their wives, have been, and some of them are now, under my care. And only at this writing have I listened to the story of a prominent church member, who has a wife at home who used to make that home the brightest and dearest place to him in all the world. They married young, commenced life with little. To-day they have a competency that would suffice their wants. But alas! That wife who was willing to enjoy the *pleasures* of married life, feared its responsibilities and avoided the dangers of maternity, and she succeeded admirably. For twelve long years they never once yielded completely to the pleasures of a full embrace, and to-day that wife, whom I knew years ago as an intelligent, highly respected woman, one whose influence, in spite of that dark blot upon her own character, and whose existence no one, as a matter of course, suspected, was ever on the right side., that woman has become a complete wreck. Wasted by excesses; without a faint resemblance of her former self; broken down by copious leucorrhœa, with a uterus not only enlarged, but at its mouth eaten into by as malignant ulceration as I ever saw; in pain and misery day and nights; almost wild with paroxysms of pain in the head; unable to take care of herself, and all that time the desire for sexual gratification increased and increasing daily. She has cursed

the hour of her birth one moment, and the next offered to sell herself to the devil, if she could only satisfy that craving just once. Broken down beyond the probability of repair, she is ruined beyond the possibility of ever being again what she was only a few years ago.

And the husband who was silly enough to become a participant in her disgrace, must not only hear himself reproached in the bitterest terms, is not only himself an invalid, a premature old man, but the very impotence, which has been gradually and slowly but surely coming on for the last two years, and which now makes sexual life an impossibility to him, is daily made a cause of bitter reproach, and a justification for contemplated and threatened adultery on part of the wife.

I have not told you the half of what the heart broken husband confided to me. I can pledge you my word, gentlemen, that this drama, nay, tragedy perhaps before the curtain falls is being acted to-day; that I have not overdrawn it, and that it is not the first case that has come under my observation.

But what is that to us? Simply this: Medical men must cease to take a mere theoretical cognizance of such things; they know that these evils exist; they deal with them in some shape every day, and they alone can help humanity out of this slough of filth and misery.

Let the medical profession grapple this giant. Expose the secret vices of society, and teach the people their pernicious effects. Teach them it is better to be virtuous than to slave after vice all one's life.

Go to the root of the evil by introducing into our schools a thorough study of physiology; not merely a superficial glancing at digestion and circulation, but teach the young what they are and what they are going to be. Do away with this curse of a false, nonsensical modesty; talk plainly and truthfully, so old and young can know what you mean, and you will not or need cause a blush on the most sensitive cheek.

They may tell us that Latin and French are more important than physiology, but do not budge an inch; remember that our hope is with the young of both sexes; knowledge will

elevate, will purify them. Teach the rising generation what sexuality means, what it is, what its pleasures and blessings are, and what its responsibilities. Knowledge will do away with many secret vices, and if young boys and girls shun and despise the playfellow who soils himself with self pollution, shame will do more than persuasions and punishment could accomplish.

Then, as the young grow up into manhood and womanhood, they will be ready to appreciate the fact that sexual intercourse is pure, is a holy thing; that love alone can confer the right of an approach, and that without love it is only legalized prostitution. Teach them that pure sexual union implies a union of soul as well as of body; teach them that reproduction, that sexual love and sexual possession are God's dearest gift to man; that to beget a man is the very crown of pure manhood, and that maternity throws a fairer halo, by far, upon woman's brow, than the greenest wreath of laurels or the costliest set of pearls.

Then and only then will the race be what it was intended to be by its Creator, and sexual life be to all what it ought to be—a blessing instead of a curse.

Cure with Mezereum. From *Die Allgemeine Homœopathische Zeitung*, by the Editor. Translated by A. McNeil, M. D., New Albany, Ind.

PRURITIS SENILIS.—An old gentleman of seventy-four years of age, in whom the symptoms of *marasmus senilis* are well marked, has, in consequence, a folded and wrinkled skin; and in the evening and night an itching so violent as to rob him of sleep, causing him to be weak and dyspeptic. On account of this torturing disease, the most celebrated professors and physicians in private practice have been consulted.

One ordered luke warm soap baths, another washing with dilute *Nitric acid*, another ablutions of *Carbolic acid* in the proportion of one part of acid to twelve of water, still another attempted the treatment with narcotics, and made subcutaneous injections of *Morphine*. But this depressed him so much that he resolved not to use it any more, and, on the advice of several friends, to employ Homœopathy.

I saw the patient on the 9th of September, 1870, two days after the *Morphine* injection had been employed. He spoke so untruthfully and so indistinctly that his wife must act as interpreter. I learned what I have stated, and perceived that his memory was so defective that he not only forgot names he wished to mention, but he had also lost the chronological order of events so that his wife was frequently compelled to interrupt and correct him. His face was pale and had the expression of an apoplectic whose mental functions were blunted; his face was stolid; his eyes rambling or fixed on one object for a long time. His disposition was so depressed that he wept aloud at the slightest cause. He walked stooped and slow; his feet staggered about which was not the case before the injection. His tongue was thickly coated; no appetite; constipation; urine scanty. All these symptoms were the result of the *Morphine*, and therefore were not to be considered in the homœopathic treatment. The itching was important, and the patient and his friends were anxious that it should be cured. All the remedies hitherto employed had been useless.

The skin, notwithstanding many places, for example, the back, neck, breast, arms and thighs was tolerably plump, was on the front of the neck, on abdomen, forearms, legs and face not only atrophied, but more or less folded and wrinkled. On these portions the veins were dilated and rigid, and the temperature diminished, while those fatter portions above mentioned were of normal heat. During the day the itching was tolerable, but beginning at the evening twilight it became every hour more violent and intolerable. The patient could not refrain from scratching; he felt as if a million insects were crawling on him; sometimes he rubbed his arms, sometimes

his legs, sometimes his abdomen, sometimes the front of his neck, precisely as I have seen in morbus pedicularis. On the parts which he scratched we could see no bloody streaks nor scaling off, but an innumerable number of large or small wheals i. e. isolated white elevations on a red or reddish ground as in nettle rash, which by continued scratching showed in the middle of each a drop of blood as large as a pin head. The scratching also caused a burning as if live coals lay on the affected parts. In the night the itching was less violent, but the burning continued till the break of day, when exhausted by the torments of the night he fell asleep, which continued several hours. The morphine injection did not in the least alleviate the itching and burning, but it caused fainting, nausea, vertigo and numbness, by which the sufferings were aggravated. It had no beneficial effect on the sleep. During the day, on examining the skin, no morbid alterations were perceptible. The small drops in the center of the spots only showing as brown specks on the surface of the skin.

I must mention one symptom which is important in the selection of the homœopathic remedy, viz: The patient felt during the most violent itching and during the persistent burning a constant shuddering and an unpleasant feeling of cold along the spinal column and in the extremities, which compelled him to go to bed in the first hours of the evening so that he might be warmed the more easily and quickly. As was mentioned above, he felt on most of the itching spots a diminution of the normal temperature.

It is clear from a view of this picture, which is true to life, that there were two things to be treated, viz: the injurious effects of *Morphine* and the intolerable itching. As the former were the artificially produced drug-symptoms which complicated and distorted the true image of the disease, I considered it my first duty to antidote the effects of the *Morphine* as quickly as possible, and the second to cure the itching.

It is well known that good red wine and concentrated black coffee are the best remedies to neutralize the effects of *Opium*. I therefore ordered the patient who was very weak and de-

pressed, to take every hour a glass of Bordeaux wine of about two drachms. In addition to that he should drink after every meal, particularly dinner and supper, a half cup about an ounce, of black, tolerably strong, coffee. I allowed him to eat what he liked best; I promised to return after three days, during which he was to pursue this treatment.

I employed this time to make an extended excursion into pharmacodynamics, for it was incumbent on me to produce a striking effect in the face of the failure of Allopathy, whose most brilliant representatives had been unable to accomplish a favorable result. I found in the symptoms of *Daphne Mezereum* the itching and burning of the skin, particularly in the evening and at night becoming intolerable, but I also discovered the important characteristic, "Shuddering and coldness along the spine," etc. The itching of the skin followed by lumps I found in Bœnninghausen's Therapeutic Pocket Book, *Mez.* being in the first work.

At my next visit I was gratified to find my patient much stronger, cheerful and talkative; the appetite better; the excretions regular.

For the itching I administered *Mez.* 6th, two doses a day, and I had the satisfaction to learn after three days that the itching and burning had abated, and the sleep was better and longer. As the improvement continued, the appetite and strength increased, I then ordered one dose a day. After four weeks the cure was complete.

MEMBRANOUS CROUP.—Soon as I am satisfied there is any membranous deposit, I give two remedies, *Protoiodide of Mercury* and *Kali Bichromicum* in alternation, one hour between doses. I do not go above the 3d trit. in such cases, and sometimes use the 2d. I find equally good effects from using hot, dry flannel to envelope the neck, as any poulticing I have seen tried. I have found no other remedy equal to the above. *Mercury* to change the character of the secretions of the throat so they do not organize into a membrane, and I do not know of a better one to *dissolve* or clear the throat and larynx of the membrane that has already formed, than the *Kali*. CYRUS B. HERRICK, M. D.

Materia Medica.

Yerba Santa. Proving by O. W. Lounsbury, M. D. Read at the Cincinnati Homœopathic Medical Society.

"The term Yerba Santa," writes Dr. Bundy, of Colusa, Cal., for the Eclectic Medical Journal, "is one given by the Spanish, which signifies saint herb or holy herb. It is a native of California, and is found principally in the East Range Mountains. The plant is somewhat branching and attains a height of from two to four feet, presenting a most beautiful aspect to the eye. The leaves are petiolate, finely serrated and oblong; the upper surface presenting the darkest and richest green color, and so finely varnished with the gum resin it contains as to appear and glisten like a mirror, while the under side is tortuously veined, and presents a silvery appearance. The leaf contains thirty to forty per cent of gum resin in which its medical virtues are supposed to lie, and ninety per cent of alcohol is the best menstruum with which to extract it. It has a sweet gummy taste."

This much for its botanical history. The prover requested Dr. D. B. Morrow to select and furnish him some new remedy for "proving," keeping its name a secret until the drug symptoms were recorded, which he did. It is important to state that the prover was in good health and has always been so. All the functions of his system were in healthful activity. He is of nervo-bilious temperament. Pulse 67, normal in every respect. Oct. 16, took five drops of the tincture at 7 a. m. At 8:30 a. m. felt slight pains in the precordial region, pulse accelerated ten beats, accompanied with a peculiar nervous sensibility. 9 a. m. rheumatic pain in right sternocleido-mastoid muscle, dull frontal headache, and increased nervousness. At 10 a. m. slight pains in epigastrium. At 1

p. m. took ten drops though suffering increased cephalalgia and nervousness. 5. p. m. great dryness of throat; symptoms of approaching coryza. Took fifteen drops at 6 p. m. followed in ten minutes by nausea, which soon passed away. Dryness of posterior nares and fauces. Transitory pains in right index finger; troubled dreams in the night following. Oct. 17, took thirty drops at 7½ a. m.; at 9½ a. m. unusual fulness and distension in the epigastrium with rumbling in bowels; unusual normal evacuations; pulse 75; tongue and mouth felt slightly scalded; occasionally small discharge of jelly-like mucus from posterior nares. At 1 p. m. a yellow streak along center of tongue. At 1:15 p. m., took fifty drops with immediate nausea; pulse 65. At 2 p. m., darting pain in forehead from left to right; oppressive sensation in cardiac region. 8½ p. m. sneezing; corza; flying pains in left hemicrania; left hypochondrium and in upper and lower extremities; increased cardiac oppression; eructations; aching of eyes on reading; general distressed feeling in head. Oct. 18, slept well, but groaned much in sleep, which is very unusual. Took 75 drops at 6:30 a. m.; felt sensation of great distension of abdomen at 8:30 a. m.; pulse 79; headache which had subsided during the night, has returned with increased violence; during the day great exhilaration; unusually elastic step. Oct. 19. 6.30 p. m. Have had continued sensation of distended abdomen for 36 hours. Pain now and then along the left ulnar nerve. Pulse 70. Oct. 20, 7.45 a. m. Took 100 drops. At 9.30 a. m. oppressive headache. Pulse 76. At 12 m. sharp pains in stomach. Pulse 68 and irregular. Oct. 22. 1 p. m. Have had for 24 hours past a feeling of relaxation of external anal sphincter, with cool moisture of anus. Bowels regular. Greatly increased feeling of distension of stomach and bowels, though no real distension apparent. Headache severe. Forgetfulness. Pain in ulnar and radial sides of left forearm. Pulse 68, regular but weak. Sharp transitory pains in umbilical region. Oct. 25. Symptoms of the 22nd inst. have gradually diminished. At 12:20 p. m. took 160 drops one half hour before dinner. Was seized in fifteen minutes with heavy frontal headache. Oct 26. Continued headache.

Increased sensation of abdominal distension. At 1 p. m. nausea with severe pressing frontal headache. 3 p. m. headache and nausea worse. Increased anal relaxation. Oct. 28 Same symptoms as on 25th only much modified. Nov. 3. Partial prolapsus ani. Feeling of repletion after taking a few mouthfuls of food. Loss of appetite. Constant heavy feeling in chest behind the sternum. Frequent sighing respiration. Restless sleep with frequent turning. Nov. 4. Irritation of posterior nares, sticky mucous discharge downward into throat. Constant hawking. Some irritation of fauces. Nov. 5. Very disagreeable relaxation of anus and rectum. Prolapsus ani worse. Nov. 7. For 36 hours past had painful frontal headache. Catarrh of fauces and larynx. Moaning during sleep and tiredness on waking. Nov. 8, 9 p. m. Irritation of larynx and trachea. Constant tickling cough. Sensation as of a heavy weight in chest. Nov. 9. Headache. Great heaviness in chest. Cough severe, worse at nightfall. No fever. Nov. 10, 9 a. m. Cough worse. Catarrhal symptoms increase. Nausea with looseness of bowels. Headache. Nov. 12 Bronchial catarrh. Expectoration of thick white mucus. Nausea for two days past on taking the least food, followed by sensation of repletion. Irritation of posterior nares, fauces and larynx. Nov. 13. Severe headache. Aggravated cough. Food taken without relish. Daily duties performed mechanically rather than otherwise. Nov. 28. All the drug symptoms have been slowly subsiding for the past two weeks. There now remain only slight irritation of respiratory tract and an oppression of the chest. Dec. 7. Free from perceptible drug symptom except the heaviness in chest which requires an occasional deep breath to relieve, and a cough night and morning. Jan. 21. The prover has had ever since the proving an increased sensitiveness of larynx and trachea to changes of the atmosphere and also to the use of the vocal organs, either of which causes or provokes a paroxysm of coughing. All the other drug symptoms so far as perceptible have entirely disappeared.

During the above proving no abnormal symptoms of the urinary or sexual apparatus were noticed. It is proper to

state that each dose of the drug was taken on an empty stomach. It occurred to the prover from the symptoms which he explained that the drug might be found valuable and curative in the treatment of frontal cephalalgia, of nasal, laryngeal, tracheal and bronchial catarrhs, of affections of the mucus membrane, of the stomach and also of hæmorrhoids.

Dec. 7th. To-day for the first time, Dr. Bundy's article, referred to above, was placed in the prover's hands and he was gratified to find that while the doctor used *Yerba Santa* empirically, yet he found it curative in most of the diseases before specified. Notably in hæmorrhoids and laryngitis, laryngo-bronchitis and pneumonia. Whether it will rival the other well known drugs in materia medica for the same class of diseases, is a question which experience in accordance with the law of similars will alone settle. Says Dr. Scudder in an editorial (see *Eclectic Med. Journal*, Nov. No., page 530) "The effect of the remedy" (*Yerba Santa* upon himself) "was very decided. The symptoms were as follows: In two hours some constriction of larynx; sensation of smothering, as if something pressed upon the trachea near the super-sternal notch; pain and constriction extending to clavicle in the direction of axilla; dryness of the throat and air passages. In three hours, severe pain in left knee, with difficulty in using the leg; aching of the muscles of both legs, continuing during the afternoon and evening. The constriction and dryness of larynx continued for three days distinctly, gradually wearing away." Since the above proving, two clinical cases have verified the curative action and likewise the homœopathicity of this drug. The first, the widow of a late honored allopathic physician, applied for relief of a cough, incessant and distressing, seemingly caused by an irritation of the trachea, said cough of several days duration. Immediate relief followed the administration of *Yerba Santa* 2d, decimal dilution on pellets, 8 every two hours. The second case, a child seven years old, subject to sore throat upon taking the slightest cold, was seized with a similar convulsive cough, and could get no rest day or night; slight fever, with constrictive sensation in the throat. A few doses of *Yerba Santa* 2d dissipated all the symptoms.

DISCUSSIONS ON YERBA SANTA.

Dr. Wilson said: "Dr. Lounsbury's paper suggests a point or two worth our consideration. Our *materia medica*, as presented in our text books of symptomatology, is exceedingly faulty. Originally all our carefully prepared provings come to us in the condition of this one just read. The symptoms of each drug evidently have a regular order of succession, but only with reference to one another, and not with reference to the anatomical structure of the body. But those who collate these provings, take them and arbitrarily break them up so as to suit the artificial rubric of our symptomatology. Beginning at the head they are arranged so as to stand in a new order from thence downward to the feet. They did not so occur in the provings, and the student can not tell which of them takes precedence in the order of time. If the student is searching for key notes only, that is not a matter of any moment. But if he is searching for the *tout ensemble* of a drug that shall correspond with the disease, he is without remedy. He can never find what he wants. No one can think less than I do of the artificial and unscientific teachings of our modern pathology. The designation of diseases, according to our accepted nomenclature, leads to the greatest evils possible in therapeutics. But now suppose we take the conditions known as typhoid fever or pneumonia; they are well recognized morbid states that have a natural history, no two of a kind being exactly alike, yet having symptoms in common. There is a well recognized stage of invasion, and following this a first, second and third stage, and a sequel, somewhat arbitrarily divided no doubt, but they represent this fact: the symptoms have an orderly sequence. Now the *similimum*, the specific drug we seek to apply, should have the same orderly sequence in its pathogenesis, or it can not be applied scientifically. The arrangement of the symptomatology is a mere make shift for lazy men, or incompetent minds, who either have not the mental energy to grasp the whole picture, or are incapable for the work. These men, who are in the majority, must have text books suited to their

wants, and we are unfortunately and seriously cursed through their incapacity. Another point. This drug, *Yerba Santa*, is an interesting study and will, I believe, develop into a remedy of value. It seems to me, that in its action on the respiratory tract, it is a close analogue of *Rumex*, and in its effects on the digestive tract, a close correspondent of *Lycopodium*. I would like to see them carefully compared.

DR. BUCK. The order of succession, in the development of symptoms, is a matter of the very first importance. To select a drug from a single indication, without regard to the position which that symptom occupied in the orderly development of symptoms in the proving, is altogether empirical, and no part of Homœopathy or of science. Suppose a certain symptom uniformly occurs as first in order on the administration of a certain quantity (more or less) of the crude drug or tincture; and suppose that symptom to be uniformly present during the primary invasion of disease of a certain type: that would indicate the use of the drug; but its appropriateness would be circumscribed as to time, unless step by step the development of after symptoms of the drug correspond with the progress of the disease. Precisely opposite symptoms are developed in the progress of proving, in the same drug, as primary and secondary symptoms or action and reaction. Suppose the first effect of a drug in large doses to be constipation, and its secondary effects diarrhœa. When the same drug is given in the higher potencies the action is reversed and primary symptoms become secondary or *vice versa*. I believe that herein lies the whole philosophy of potency or dose, and that those physicians who use only crude preparations are prevented from realizing the wonderful effects of specific medication, while those who wholly ignore the lower potencies or crude drugs, are insufficient in many cases of sudden and formidable invasion, although our almost exhaustless resources enable them to cover their tracks and deceive themselves, by that kind of empiricism before referred to.

DR. CRANK. I would like to enquire why we are so eager to prove new remedies? Is it because we are not satisfied with the remedies already proven. Some one reported in one of our journals a new cure for *enuresis noct.* and I was told that straightway our pharmacies had a large number of orders for the drug, as though we had no well tried remedies for that disease already on our list. Suppose *Yerba Santa* does produce symptoms of the respiratory tract or of the digestive tract, what are you going to do with the many drugs whose provings each show their special sphere of action on these parts, and they are drugs which we have clinically proven to be valuable. Must they be abandoned? If the provers say this new remedy is likely to prove curative in bronchitis, pneumonia and hæmorrhoids, must we forthwith commence treating these cases with *Yerba Santa*? I think we had better study more carefully the drugs we have already proven.

Miscellaneous.

Water Therapeutically Applied.—A New Method. By Z. C. McElroy, M. D.

Can it be possible, or probable, that none of what we call pathological conditions of life are not connected with, or dependent on the proper supply and relations of water to other parts of living human bodies? It seems to me such an assumption would fall very short of representing the facts of life.

Last summer (1875), Col. Douglas called on me to tell me what had come of it. He became a sufferer from what he

called an affection of the kidneys. Did not pass enough water from his bladder; and what he did pass was very highly colored, passed with more or less difficulty all the time, and sometimes with considerable uneasiness.

For this he consulted one or more physicians in this city, who prescribed for him, and he followed their instructions. Not finding any relief, he took some patent medicines, with no better success. Then he made a trip east, was examined and prescribed for in Philadelphia and New York, but with like results. He now ceased to take any medicines, having made up his mind that he could not get relief from them.

Two years since in looking over some pamphlets and papers, he came across the copy of the Medical Journal I had given him. In it he read my paper for the first time, having laid it aside at the time he got it, to read at a more convenient season, and concluded its suggestions applicable to himself, and carried them into effect, by simply drinking water, sometimes hot, made palatable with salt; at other times cold, but mostly cold, in much larger quantities than he had done for many years.

In a week his kidney difficulty disappeared, and by keeping up the use of simple water he has been well ever since—in that respect as well as he ever had been in his life. He said he told me these things because he thought it was his duty, as well as that it was due to me to know them.

He said that during the time he had the urinary trouble he drank but little water, did not seem to want it; had no thirst, and, therefore the fluids he did take consisted mostly of the tea and coffee drank at meals. He told me that he saw through his case after reading my paper, or at least he thought he did, and commenced drinking water in quantity sufficient to supply the actual wants of his body, and got well immediately; and by continuing to supply his body with the quantity of water it required, he has remained well ever since, so far as the urinary difficulty was concerned. But still more he was better in every way, and so far as I know has not needed the services of a physician since. And he was, when I last saw him in Zanesville, a very healthy and portly-looking

gentleman. I think he has been absent, as I have not seen him for several months.

I often give water as hot as it can be swallowed in large volume, say one to three pints, or more, at a time, to flood or saturate the system. In doing so it is better to make it palatable with common salt. It should be strictly boiling, and sipped from tablespoon or small ladle, blowing each portion with the mouth until it can be swallowed without scalding. As it is thus introduced very gradually, a very large amount can be taken without sick stomach, or sense of fullness. It is absorbed in the blood-vessel system, the volume and frequency of the pulse becoming more natural in a very marked degree, followed by a glow of warmth all over the cutaneous surface, which is, in many instances, speedily bathed in perspiration. The surplus not needed by the system soon escapes by the skin or through the kidneys.

Thus, three months since, I found a gentleman something over fifty years of age with pulse hardly countable, exceedingly thready, surface and extremities icy cold, intellect confused, complaining only of weakness and oppression in the chest, and as it seemed to me, in the utmost danger. He must be got warm, and his circulation must get fuller and slower before he could be considered safe. I knew of no safer and speedier way than flooding his system with hot water. But there was none in the house; and though it is said the "watched pot never boils," it did boil at length, and my patient began to sip from a tablespoon, protesting all the time that he did not want it, could not take it, and did occasionally refuse it. But I persisted, and got something over a quart swallowed; in the meantime having his feet in a warm bath. From being a mere thread at the commencement, the pulse had risen to a fair volume, and had fallen in frequency to near the natural standard; he felt better, was laid on a lounge and in a little while was asleep. When he awoke, two hours later, he was apparently altogether relieved, but took during the night three half-grain calomel granules, which moved his bowels next morning, and he resumed his usual business activity. In the evening he had a galvanic

application, feet in hot water connected with carbon pole, zinc pole at back of neck, spine and chest.

This gentleman told me he drank very little water as a general thing, did not feel any want of it, relied mainly on tea or coffee at meals. My impression was, at the time, that he had brought about his condition by deficient water supply. I explained to him the necessity of more water, asked him to drink water as water. He has not been sick since.

With free heat and water—water at the highest temperature it can be swallowed—made palatable with salt, it seems to me I do a large amount of good in many apparently diverse conditions, though the central fact runs through all, of deficient water supply. I think I relieve more headaches in this way than by all other means combined.

It has the objection of consuming the physician's time in giving it, as patients left to themselves rarely ever take enough to do them the most good in the shortest time. The fact that life momentarily depends on molecular changes of matter, can not be explained to them so that they can understand it; and so fail to comprehend how it can do them good when they do not feel the want of it. I generally have to remain with my patient for whom I prescribe it, and give it in person.

All a Matter of Taste.

In looking over the 3d volume of *Allen's Encyclopedia*, I observe several queer articles, displayed as drugs, said to have produced symptoms in the healthy and supposed, therefore, to be fit remedies for the sick. To one of them exceptions have been taken by Dr. Dake in the *Hahnemannian Monthly*, in reply to whom Dr. Allen says:—"Nastiness has nothing

whatever to do with utility." Beside the *Cimex* (bed-bug) which is said to have produced 59 symptoms in the persons of four provers, there is,—

1. *Castor Equi*, or the rudimentary thumb nail of the horse. with five provers and 76 symptoms.
2. *Castoreum*, or the secretion in the preputial sac of the beaver, with five provers and 290 symptoms.
3. *Cervus*, or hide of the Brazilian deer, with the hair on, having one prover and 50 symptoms.

In considering these disgusting substances the question comes up, why were they ever thought of as medicines? We know that *Sepia* was suggested by its apparent influence upon the painter, using it as a coloring matter, but how the bed-bug, the thumb-nail of a horse, the smegma of the beaver and deer-skin with the hair on, were ever suggested to any sane person, as remedies for the sick, I can not imagine. Was the bed-bug used as a culinary article, or was it eaten by accident, or was the smell of the odoriferous insect so salutary, as to suggest it as a remedy? Did any one, by accident or on purpose, chew the nail of a horse, or did some refractory horse make a "heeling" impression upon the head of his master, that it should have entered into the imagination of any one, that that peculiar substance might become a useful drug?

By what sort of contact, or analogy or dream was the filthy smegma from the prepuce of the beaver, suggested to the five provers, that they should take it into their mouths and then gravely proceed to record 290 symptoms as its pathogenetic effects? And how did Dr. Mure come to think of proving a piece of deer-skin, with the hair on?

Now Europe and America abound in botanical and mineral substances, that have shown medicinal power, and of which no provings have ever yet been made. Why were they all neglected while such disgusting substances were seized upon and experimented with and placed in the *Materia Medica Pura*? The only rationale of the matter is found in the expression—"there's no accounting for tastes." Some people like one thing and some another. Some believe there is no virtue in a medicine that does not taste bad, or smell bad

or have a bad origin; and some run after all manner of filth, as if possessed with the idea that *the greater the nastiness the greater the healing power*.

It may suit the tastes of some, who prove drugs, to swallow vermin and fæces and the like; and it may suit the tastes of some, who make books, to display the fruits of such provings; but, for one, I beg to be excused from swallowing prescribing or countenancing such stuff, so long as I can find medicines equally efficacious and more respectable. And, if I am not mistaken, nineteen-twentieths of the homœopathic profession in America, would most cheerfully excuse the provers of such articles from their dirty work, and the collators and publishers of such provings from their waste of paper and ink.

Because the material of the dung-hill and cess-pool, put through nature's laboratory, help to grow fine vegetables, it does not encourage us to place a *dung pudding* or a *cess-pool soup* on our tables: nor does the ability of the chemist to produce an edible jelly from an old boot, suggest an *old boot and shoe diet*. But every man to his taste. Wilhelm.

Ohio Hospitals for the Insane. By E. C. Beckwith, M. D., Columbus, O.

The hospitals for the insane in the State of Ohio are now, and always have been under the control of allopathic physicians. In taking our asylums as a basis of comparison, I am doing no injustice to that school, as these asylums are as thoroughly allopathic as though they were owned and controlled by a corporation of allopathic physicians. This State has furnished her insane with buildings equal, if not superior to those furnished by other States of the Union, and far in

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advance of the one furnished by the Republic of Uruguay from which we are obliged to take our data of comparison. The State has also furnished such appliances as Allopathy has required, and has fed and clothed the patients as directed; in short, has been prodigal of her wealth in caring for these institutes; and if it shall be discovered that Allopathy has not given the best results in return, it can only be charged to the medical management of the institutions, and not to the want of provisions on the part of the State. The physicians in charge of our asylums, are, as a class, at the head of their profession; and, as far as I can learn, are representative men of their school. I have had the pleasure of meeting a number of them, and I find them earnest workers in their field of special practice. What I have to say in this paper, will, therefore, not apply to them personally, but to the school they represent. Before comparing results, I wish to call your attention to one of our hospitals, The Central, as an illustration of the lavish expenditure of public money in this direction. The Central Hospital for the Insane contains over eight hundred rooms, and is six thousand five hundred feet in circumference, or over one and one fourth miles around, following the line of its walls. It is built of brick and iron and is intended to be fire proof. In December, 1875, the Commissioner's report showed an expenditure on contract account of \$1,001,276.05. The appropriations not yet consumed amount to \$265,232.95. Appropriated for sewer \$50,000; appropriated for gas works, \$35,000; appropriation for furniture, \$80,000 is asked for; making the enormous sum of \$1,430,508, or nearly one and one-half million of dollars, before a single patient is admitted.

Add to this the current expenses, which can not fall short of \$150,000 per annum, and you will see that the State virtually holds a monopoly of treatment of the insane, and excludes all opposition from private corporations.

According to the report of the Auditor of State, there was expended last year for the Western Asylum, at Dayton, \$103,111.63; Southern Asylum, at Athens, \$127,626.01; Northern Asylum, at Newberg, \$70,800.00; (beside the building fund.)

Longview building fund, at Cincinnati, \$95,516.41; Longview, colored, building fund, at Cincinnati, \$6,426.42; Lucas Co., colored, building fund, \$24,654.84: making for current expenses and salaries, \$428,135.61. Add to this the current expenses of the Central Hospital, and the interest on the money invested by the State in buildings, grounds and appliances, and we have the astonishing sum of over one million dollars, as the annual expense of this single public charity, to say nothing of the institutions for the blind, deaf and dumb, idiotic and imbecile, industrial home, reform school for boys and the Home for Ohio Soldier's and Sailor's Orphans.

If one of our religious societies should get possession of all State appointments in our army or navy, and for years exclude all others, do you imagine the political atmosphere would remain free from storms? We are blandly told by our contemporaries, that we have no experience in the treatment of the insane, and, therefore, can not expect the State to place an institution in our care. Had no other place been more liberal than the State of Ohio, we never could have brought Homœopathic statistics to compare with theirs. At Montevideo, Republic of Uruguay, South America, a public insane asylum, connected with the Charity Hospital of that city, in which for fourteen years and five months, (1861 to 1875) "pure homœopathic" treatment has been employed by Dr. Christian D. Korth. The tabulated statement shows that during these fourteen years, 979 men, of different nationalities have enjoyed the benefits of the institution. Of these 617 were *cured*, 73 *escaped*, 167 *died*, and 122 still remain under treatment at the date of the report. The average of insane under treatment, taking one month with another, was 120; the heaviest mortality experienced in those 14 years, was 14 during the month of April, 1867, and 8 in January, 1868, both of which months the asylum was invaded with cholera morbus, still we have 68 per cent of recoveries. The New York State Homœopathic Asylum for the Insane has a showing of 13 per cent of recovered in six months, notwithstanding over fifty per cent of their patients were old, if not in-

curables, running from six months to sixteen years before entering the asylum.

The report of the Western Asylum for the Insane show in 1874 the recovered to be only thirty-four per cent; and the whole number of patients admitted since the opening of the institution, including the year 1875, the recovered numbered 48.8 per cent; Longview's grand total up to 1871 also gives 48.8 per cent of recovered; the Northern Ohio Asylum's grand total up to December 1874, is 42 per cent of recovered. In 1874 there was in the Northern Asylum a wonderful falling off of the recovered, reaching only 14.8 per cent. This, no doubt, arose from some *solar* or *lunar* influence, and should not be charged to the influence of Allopathy!

The Southern Hospital up to May 20th, 1876, has made no report since its organization. As nothing official has escaped Dr. G.'s pen, we can but suppose that the moon has been at work down in Athens, and the Doctor is trying to keep its results all to himself for a year or two longer, the statute to the contrary notwithstanding.

To recapitulate: Homœopathy, with poor appliances, shows a result of 64 per cent of recovered. Allopathy, with all the wealth of the State at her back, only shows of recovered 48.8, and at your own Northern Asylum, the recovered drops to 14.8 per cent. We are now ready to ask if Allopathy should be continued in a monopoly she has proven herself unworthy to hold? It is claimed that the adherents of Homœopathy pay one-fourth of the taxes collected by the State; and as it appears by these reports, that the recoveries under homœopathic treatment are nearly double those under allopathic treatment, is it not our duty to call the attention of the Legislature to this matter, and respectfully, but earnestly demand that this medical monopoly be broken up, and a fair proportion of our hospitals be placed under homœopathic physicians?

Poisoning from Hydrate of Chloral.

New remedies in therapeutics, especially when they are heralded with great professional names, are apt to have for a time an extraordinary amount of popularity often quite undeserved, as longer experience attests. *Chloroform*, though it continues to maintain a respectable place in *Materia Medica*, has been latterly forced into a back seat by *Hydrate of Chloral*, a new "German" article, answering as a most efficient anæsthetic when administered internally. A theory of its mode of operation is, that when it reaches the blood-vessels it is transformed into veritable chloroform. The popularity of this article is surprising. It is almost a domestic remedy, and may be found in many houses and homes, ready to be called into service whenever pains or aches disturb the comforts of their inmates. A medicine of great power, it can not be less than one of danger in careless or ignorant hands. It happens, unfortunately, that its therapeutical effects are not even entirely known to those whose professional business it is to use the drug. They know, it is true, that in certain doses they may expect to reproduce already observed consequences. But if they are wise and careful, the way is felt for as a blind man gropes along, trying each spot; to make sure before he advances upon it with his feet. It must be experimented with both in doses and in diseases. It may be useful or hurtful, the result depending on the quantity employed. It may abate or it may aggravate disorder, it may cure, but it might kill. It is not very uncommon for patients to perish in the hands of experienced physicians under the inhalation of *Chloroform*. There is danger that *Chloral Hydrate*, as it becomes popularized, will do a speedier work than disease. The following case, and the remarks accompanying it, were reported recently at a London clinical society; and they ought to be of service here as well as there. They are an expression of experience, and this is needed. The antidotal effects of coffee seems pretty well made out, and it is to be hoped that if similar accidents occur, they may be confirmed on further trial.

A young lady, said Mr. Hulke, aged twenty-three, was supposed to have taken four ounces of syrup of *Hydrate of Chloral*; at all events, she was known to have had a bottle containing this amount in her possession a few hours previously, and the bottle was subsequently found to be empty. Within a very short period of taking the dose, when seen by Mr. Hulke, she was found to be perfectly insensible, breathing slowly and laboriously, almost stertorously; her face was dusky; her radial pulse small and very weak; and her pupils were extremely contracted. During the next five minutes (which period was consumed in procuring a stomach pump) her face became very purple, and her breathing so feeble that it was feared to introduce the tube into the stomach, lest some possible pressure on the root of the tongue and epiglottis might extinguish life altogether. A few acts of Silvester's method of artificial respiration lessened her lividity; the stomach pump was then introduced, and some warm water pumped in, which upon being withdrawn, was thought to smell of *Chloral*. During this proceeding the patient again became livid; the use of the tube had consequently to be discontinued, and Silvester's method resorted to, when her color speedily improved. The tube was then introduced, and a cup of very strong coffee injected into her stomach. a similar amount was also thrown up the rectum. The case now seemed hopeless; the radial pulse could scarcely be felt, and natural respiration could only be maintained by supplementing it at short intervals by the Silvester method. A few minutes after the injection of the coffee a slight improvement was observed in the pulse and respiration, which was maintained. About forty minutes after being first seen she slightly opened her eyes and spoke. Her first words were imperfectly articulated and unintelligible. In another half hour she was so far improved that her breathing was perfectly natural, and she was quite conscious. She suffered no further relapse, and recovered entirely from the effects of the poison. She has since become insane.

Mr. Pugin Thornton related the particulars of a case of delirium tremens, where eight drachms of *Chloral Hydrate*

were administered within thirty-three hours and a half. The delirium was not relieved thereby; on the contrary, the patient recovered as soon as the *Chloral* was stopped.

Dr. Farquharson said that records of cases of *Chloral* poisoning were interesting now that "*Chloral* eating" was so common. The symptoms of an overdose of *Chloral* varied in different cases. Sometimes the heart was acted on, fainting being a symptom; at other times the effect was more upon the pneumogastric nerve. It was a question whether these differences were to be referred to idiosyncrasy or to the quality of the drug—that is, to impurities. *Chloral* was often impure, and Liebreich had said that the administration of it in this condition is the cause of the preliminary intoxication sometimes observed after its exhibition. Liebreich had also observed that *Chloral* acts badly in gout, because the alkalinity of blood necessary for its decomposition is not present in that disease. Dr. Farquharson himself had found that in acute rheumatism large doses of *Chloral* had not only not done good, but had even caused delirium. As for the dose of *Chloral* which might be given, he had used as much as six drachms a day in neuralgia.

Dr. Rhys Williams said that in Bethlehem Hospital the results of the use of *Chloral* had been rather unfavorable. As regards large doses, he had given in one case of chronic insanity as much as two drachms every four hours, and that without either relieving the symptoms or inducing sleep.

Dr. Headlam Greenhow remarked, in reference to the therapeutics of *Chloral*, that in delirium tremens he had used it eight or nine times, and with the result that he was better satisfied with it than with any other drug he had tried. He administered ten grains every few hours until sleep supervened. In rheumatism the theoretical objection to *Chloral* was plausible; but as a matter of fact he had found *Chloral* useful in the disease. *Chloral Hydrate* was, however, very much like other drugs, uncertain; and his rule was to give it a fair trial, and if the results were unsatisfactory, to try something else.

Mr. Thornton inquired of Mr. Hulke whether there was any known antidote to *Hydrate of Chloral*. Was *Strychnia*, for example?

Dr. Southey said that in the case just read it was not impossible that some other poison had been taken beside *Chloral*. The symptoms were not unlike those of *Opium* poisoning. He had seen *Chloral* given without toxic effects, in thirty grain doses every four hours.

Mr. Brudenell Carter wished to know whether there really is sufficient evidence of diminished alkalinity of rheumatic blood. A gouty patient had told him that the discovery of *Chloral* was to him a source of untold bliss and happiness.

Mr. Hulke replied, that, in regard to an antidote, the effect of the administration of coffee was most encouraging. As to Dr. Southey's remarks about the possibility of *Opium* having also been taken, he had himself such a suspicion when he saw the case; the face was, however, more flushed and excited than is generally seen in *Opium* poisoning. Dr. Greenhow, and others, had spoken of the uncertainty of *Chloral* as a sedative; he could confirm this, but believed that it was due more to the peculiarity of the patient than to impurity of the drug. He had prescribed *Chloral* from the same specimen to many cases of cancer simultaneously, and found the effects exceedingly different, but perhaps not more so than those of *Opium*.

A Physio-Medical View.

The following from Prof. Alva Curtis, M. D., the distinguished and venerable leader of the Physio Medical School, will be read with interest.

CINCINNATI, O., 163 LONGWORTH ST., May 23, 1876.

T. P. WILSON, M. D., Dear Sir,—The title of your journal

induced me to scan it carefully, to see whether, like Sambo, who prayed while the boiling milk was rising in his pot, "more milk, more milk," till it began to run over his measure, and then suddenly changed his petition to "there, there, enough, Mr. Lord, enough."

Though I do not believe the doctrine, *similia similibus curantur*, I know it is not true, and that it differs from Allopathy only in the amount of injury it does, I honor, from my soul, Hahnemann and all his true followers, for their good intentions and praiseworthy efforts to diminish the amount of the greatest evil that curses what is called civilized society. It is no small honor to your profession that "you have found how not to kill." (Advance p. 62.) To me it is an encouragement to hope that you will continue to "advance" till you

"Learn how to cure" all the "four-fifths and the more that would recover if let alone by "Allopathists," p. 60 and others, the inherent nature of whose *materia medica* tends only to kill. Like the Allopathists, you are still on the false foundation that vital opposition to disease constitutes disease itself. And consequently you have yet discovered no essential difference between medicines and poisons, nor can you ever do it until you abandon the error that the vital symptoms manifested is disease itself, and advance to its diametrically opposite, that the vital symptoms irritation, fever and inflammation are evidences that nature is striving to cure the sufferer and that she should be aided in this effort, by removing from them all obstacles to their free and universal action. Then would not only the "four-fifths or more of all the sick (but the one-fifth or less beside) be relieved and easily cured," (Advance p. 60.) and we should soon see the day when men should have fully worn out their machinery by legitimate use, and fallen only at the close of their lease of "the dust from which they came." I do not like to see reported the death of useful men and women, as Drs. Barlow, Adams and Cooper, unless they have "lived out all their days," nor that Dr. Hunt's "ill health" can not be removed while he is restoring the health of others; nor why the talented, learned and estimable Dr. Holcombe must go to New Orleans for his relief. Is a change of residence to a sickly climate worth more to a patient than homœopathic practice in a healthy climate?

I have read with interest the first thirty-nine pages of your Medical Advance, and have hastily sketched a large portion of the remainder, in which, especially the paragraphs from the Editor's Table, have I found much to interest me.

I am not so much interested in "ascertaining the extent the character, sphere and results of the homœopathic treatment of disease," or its past and present status (for these I have pretty well); nor do I care much for the discussions of the questions which the Allopathic convention proposes to consider, (I know how those gentlemen have always treated these subjects.), but I am chiefly and intensely anxious to learn how both classes of doctors will deal with the fundamental principles on which they profess to base all their practice, and whether they really intend to "open a wide arena for the discussion of facts, under the harmonious influence of social and personal intercourse." You propose, as they have often proposed, "to get useful knowledge from all possible sources, and to freely dispense to others whatever of good you may possess." This is a noble resolution, and, if I could be assured that all the members of your fraternity united in it, and mean by "others" not only those of your own faith, but every person who as earnestly desires to do the same giving and receiving, I should be a self-constituted delegate to that convention, if I knew the time and the place.

My respected fellow citizen, Professor M. B. Wright, in his address at the opening of the new Cincinnati Hospital in January 1869, showed us very clearly what sort of a reception I might expect at the Allopathic Convention, (see my Medical Discussions page 7th *et. seq.*) but as you are under the same condemnation with me, and generally "a fellow feeling makes us wondrous kind" so far as "learning how not to kill is concerned, I would work with you shoulder to shoulder, I have a faint impression that my presence among you might not be very offensive," at least till I might join your Hering and Dudgeon, in their infidelity to the *basis* law—*similia similibus curantur*. But, even in that case, I should not offend, for it is my rule to pay the same respect to "other" men who differ from me, that I wish them to pay to me for my differences from them.

Very respectfully,

A. CURTIS.

Yerba Santa.

There are three species of the same family called *Yerba Santa*, *Eriodyction glutinosum*, *Eriodyction tomentosum* and *Eriodyction*. The former is abundant on the foothills of the Pacific slope of the Sierras, and in the coast range, and is the article possessing the most valuable medical qualities. The tomentosum grows on the lower lands and nearer the sea, in California. The third variety is found in Lower California. The leaves of the glutinosum, on account of the glutinous covering of the upper surface, the leaf is pressed upon superficial wounds upon which it adheres like plaster. The Indians and native Spaniards of California call it "bear weed," on account of a notion that bears, when wounded, collect the leaves and close up the wounds with them. The greatest supposed efficacy is in syphilis and rheumatism. For these purposes it is used in tincture or by chewing the leaves. Its medicinal quality seems to reside entirely in the leaves. G. W. BARNES, M. D., San Diego, Cal.

A Timely Rebuke.

"Every tub on its own bottom," is a homely but a forcible phrase. At a recent meeting of the Pennsylvania Medical Society, Dr. Langfelt offered the following:

Whereas the students of homœopathic doctors are annually graduated at regular medical colleges, openly avow their intention to practice homœopathy, it becomes the duty of this organization to take cognizance of this fact. Further, that the degree of M. D. conferred upon these men is contrary to the facts set forth in the annual catalogues of these colleges, to wit: That the student before admission must have read medicine for a specified number of years in the office of

a regular member of the profession. Further, that this constant admission of students of homœopathic practitioners is detrimental to the remaining graduates of these colleges, an injury to the profession at large, and calculated to put a premium upon quackery and to bring the colleges into disrepute, both at home and abroad; therefore be it

Resolved, That it is the opinion of this organization that the faculties of the various medical colleges in justice to their graduates, should remedy this evil, and that in all instances of doubt as to the standing of a student's preceptor, they should refer to the county society in the county from which such student comes.

Dr. Winslow offered the following as an amendment:

We, the delegates of the Pennsylvania State Medical Society, hereby express our earnest desire that the faculties of the regular medical schools shall demand of each candidate for graduation a certificate of three years study of medicine from a regular physician, whose respectability is endorsed by his county society.

Dr. Bruce, of Pittsburg, said some effort should be made to stop this duplicity.

Dr. Haldertstedt, of Pottsville, regretted that the question had been brought up, as it was giving prominence to a set of men who did not deserve it.

Dr. Agnew, of Philadelphia, did not know of a single case where a student of a homœopathic preceptor has been knowingly admitted into the university.

On motion the whole matter was laid on the table by a vote of 47 to 31, but was called up again and referred to a committee to report at their next annual meeting.

Nothing could please us more than this position, so long as homœopathic students go into allopathic medical colleges sailing under false colors. The rebuke they receive at the hands of those who have patiently endured their fawning is well deserved. Genuine self-respect can not be maintained by a medical student who attempts to palm himself off for something he is not.

EDITOR MEDICAL ADVANCE.—Thank God for the courage and ability that founded and sustains a journal whose

title indicates progress, and whose utterances have the ring of the true metal. This nineteenth century must witness a fierce conflict between the hosts of error and truth, and he is a coward who fears to stand in the front ranks of human progress, and wield the sword of truth with a firm grasp and unflinching resolve, inspired alike with love to man, and hatred of the fatal errors that destroy human happiness. The ignorance of the past peopled earth, air and sea, with evil spirits ever ready to deceive and torment mankind. To the keen discriminant of truth there are realities answering to these myths. Ten thousand illusions deceive and torment mankind, thronging the way of progress, and dragging back the multitude into the mazes of darkness, pain and death.

Against these myriad foes, weapons forged by human hands are impotent. The trenchant truth, tempered in the armories of heaven, with keener edge than the Damascus blade that clave through stony bone as though soft tissue, can alone vanquish them, and no knight of olden time ever went forth on more grand and holy mission than does he who utters truth. Philosophy has been false. Each generation, grown wiser, rejects that of the past, and, as Hamilton says, "stands over the grave of its ruins." Science is scarcely yet emancipated from slavery, and theology has kept the light of infinite love from mankind with cruel and gloomy superstitions. Prominent among all delusions are those of medicine. Nature, with the grand simplicity of truth and with divine authority, says: "Obey my laws and glad and happy light shall be yours." These delusions whisper ever in the ears of ignorance: "If law is violated, drugs will save you from its penalties." The old theology, like medicine, says, "Sin and be saved." The new says, "Obey, and live."

Homœopathy says this, for it reverently confesses itself the servant of nature, working by mild innocuous agents in the line of nature's working, to conserve or restore the integrity of life. While the old school of medicine confesses its "drugs have slain more than war or pestilence," no desolate homes or new made graves utter to us their silent but deep reproaches.

May the MEDICAL ADVANCE lead the van of Homœopathy and go before it, if truth is there. A. O. FULLER, M. D., Geneva, O., May 24, 1876.

A Suit for Malpractice. Dr. Geo. Kester, Defendant, Ganges, Ohio.

On the night of January 9th, Siddons and a neighbor went for the defendant, Dr. Kester, and waiting until he returned from the country, importuned him to go with them immediately to see the child. The night was intensely cold, and the doctor being almost frozen from his ride, at first declined to go, especially as two physicians had been treating the child, but was finally prevailed upon by his wife and the parties to go.

"Arriving at Siddon's late, he found several of the neighbors gathered in, and an examination satisfied him that the child was suffering from a malignant attack of scarlet fever and diphtheria combined. Its left eye swollen shut, and right eye almost shut, both highly inflamed and discharging pus; the throat, mouth and nostrils covered with diphtheritic membrane; ears and nostrils discharging pus; head and neck much swollen; and high fever, the skin on the hands peeling off in strips. He was unable to examine the eyes that night, but prescribed constitutional treatment to destroy the poison in the system; remained all night. In the morning a careful examination revealed that the child had carried the poison from its throat to its eyes, the eye-lids were swollen immovable, and the diphtheritic membrane appeared over the eye partly open. *Aconite* and *Belladonna* were at once prescribed to be laid in saturated cloth on the eyes.

The doctor left the case almost hopeless, but continued the internal remedies and same applications to the eyes; the in-

flammation slowly subsided and the general condition of the child improved. Friday, January 15th, the swelling of the lids so far reduced as to raise them, when Dr. Kester claims to have discovered the diphtheritic membrane completely covering the eye-balls, and appearance of an ulcer over the cornea of left eye; the child in other respects improving. It became apparent, then, that the eyes were destroyed, and in a short time the contents discharged from the left, and part of the contents of right eye, leaving child totally blind. Dropsical swellings appeared as a sequel to the scarlatina, but by the 28th of February, Dr. Kester left the child in general health, well.

The suit was brought for \$10,000 damages, the plaintiff alleging that Dr. Kester applied a solution of *Bichromate of Potassa* to the eyes, causing them to be eaten out. This the doctor emphatically denies, though plaintiff attempted to prove, by alleged declarations and admissions of Dr. Kester, sworn to by several witnesses. Dr. Kester claims that the suit was incited by jealous physicians and parties who seek to injure his professional reputation, among others a woman who appears in the case, and that she originated the *Bichromate of Potassa* story.

Numerous medical experts were called to give opinions in the case, and medical authors cited, showing that the complications of the case were very rare in common practice, and extremely dangerous—described in the book as Diphtheritic, Conjunctivitis, and Exanthematous Ophthalmiae.

More than one day was consumed in the argument by Geddes & Dickey for the plaintiff, and Matson & Leyman for the defendant.

Judge Dirlam delivered a written charge to the jury Tuesday night.

The jury returned a verdict Wednesday morning for the defendant, thus vindicating the professional skill of Dr. Kester in the most trying and discouraging disease to the delight of his many friends. The child appeared in the court room with its eyes out, exciting sympathy from all who saw it, but the jury was satisfied that the doctor did all that skill could accomplish and the case was hopeless when he saw it,

Editor's Table

Dr. LYMAN CLAY, of Syracuse, a distinguished and veteran homœopathic physician, recently died, and the medical society of that city passed appropriate and very sensible resolutions.

Dr. BUSHROD W. JAMES sends to the members of the American Institute of Homœopathy, a complimentary guide to the Centennial and the city of Philadelphia. It is a very neat affair.

Dr. WM. CLEVELAND, of Atlanta, Georgia. died on the 20th of May, and although he had not been well for some time past he was confined to the house but a few days.

The doctor practiced Homœopathy in Atlanta from 1858 to the time of his death, and enjoyed the confidence and esteem of all who knew him.

Drs. Ferrall & Herrick have dissolved partnership. Dr. Herrick remaining at Fayette, O., Dr. Ferrall going to Michigan.

NEW YORK OPHTHALMIC HOSPITAL.—Report for the month ending May 31, 1876. Number of prescriptions, 2,899; number of new patients, 350; number of patients resident in the hospital, 35; average daily attendance, 112; largest daily attendance, 171.

BOOKS RECEIVED.—Burt on Tuberculosis or Pulmonary Consumption; Angell on the eye. For sale by Smith & Parks. Medical Criticism, by A. Curtis, M. D.

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T. P. WILSON, M. D., GENERAL EDITOR.

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NUMBER 4.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, 223 W. Fourth Street, Cincinnati, Ohio.

Editorial Correspondence.

PHILADELPHIA, July 4, 1876.

DEAR READERS OF THE ADVANCE:—It was not for a moment to be supposed that a hundred years and a World's Homœopathic Convention could pass without the attendance of your Editor-in-chief who, like the patrons of Donneybrook Fair, is always on hand when anything especially offers for sight seeing or a scrimmage. Opportunities for both of these were offered in abundance at this point all last week and hence we are here. It would be quite impossible to faithfully report all that was crowded into the six days just passed. To our somewhat confused retrospective glance there comes into view innumerable crowded streets, radiant with gorgeous banners, and happy faces, sounds of bells, whistles, and fire crackers, Turkish baths on wheels, with sweaty faces peering from a thousand street car windows, jingling of glasses that told of the heartless slaughter of soda water and beer, an endless multitude of people standing under a broiling sun listening to, though perchance they did not hear, poets and orators discussing on patriotic themes, vast galleries of painting and

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statuary, products of all climes gathered under high vaulted roofs, Arabs, Chinamen, Japanese, Africans, Indians, multitudes eating ravenously in numberless restaurants, beautiful women passing like visions of glory, (a little moist perhaps) fountains playing water in artistic modes, old friends grasping you by the hand, new friends duly entered in your book of remembrance, a church filled with quiet intelligent persons listening to technical discourses on diseases and their homœopathic treatment, distinguished professional men from abroad making fraternal speeches, balloting for officers, complimentary resolutions, and good byes to end the scene. It was brighter and more lasting than any dream. Do not blame us if we put it all down as the World's Homœopathic Convention. To our eye they were all so happily blended that we choose not to separate them. The daily sessions of the convention were like jewels in gorgeous settings, rich to be sure but appropriate. All the flags waved for us a hearty welcome. All the chimes rang out for us a hearty welcome. All the torchlight processions flashed out for us a hearty welcome. The great gates of the Exposition swung open at our approach and gave us welcome, tacitly acknowledging the power of the silver talisman we never failed to extend toward them, and Centennarian Philadelphia grown beautiful with age rose up to do us honor. Let us cherish the thought that it all was for the World's Homœopathic Convention. Those of you who were not here are to be profoundly commiserated. Let us seriously advise you not to let another hundred years pass with such opportunities unimproved.

As for the convention it was in all respects a success. Great praise is due the chairman, Dr. Carroll Dunham, and the members of the executive committee. The well known hospitality of the physicians of Philadelphia was never better exemplified; many of them deserve special mention.

The daily sittings of the convention were well attended. The prescribed method of the discussions generally very closely followed gave perhaps an air or formality to the proceedings but this was fully compensated by the special excellence of the matter thus introduced and a large audience continued to follow the speakers with unflagging interest. The genial Morgan (C. R.) was there as usual, taking it all down and if the means are forth coming there will be two splendid volumes as the fruit of this convention. Our readers who are not members should order the work at once from the treasurer Dr. E. M. Kellogg of New York. We have made no attempt to follow the proceedings from day to day, but we may in our next number give a portion of the practical points presented.

OUR FOREIGN GUESTS.

There were seven of them: Hughes, Hayward, Skinner and Clifton of England, Mueller and Haupt of Germany, and Naylor of Calcutta. Besides this Canada sent us John Hall but him we didn't count a foreigner.

Dr. Richard Hughes is best known of all these distinguished gentlemen. It would have done you good to look upon his fair full face. There you could see conscious strength in perfect repose. His intellectual and physical natures are finely balanced. His broad high forehead with predominant reflective faculties only served to lift into yet greater prominence his phrenological sphere of goodness. And this in spite of his great mental character marks Dr. Hughes. His moral nature is unmistakably pre-eminent. You may admire him but you must love him for his kindly nature is irresistably attractive.

Dr. Hayward is a model Englishman. Frank, impulsive and practical, he took hold of all subjects with equal readiness. He was always listened to with pleasure and profit. He is yet a young man and his future full of promise.

Dr. Thos. Skinner is just now, and quite lately become, quite as well known as his confreres. His sudden popularity is evidently well deserved. The convention lionized him somewhat, and he bore his honors meekly. His features are finely and evenly cut. They bespeak culture and honorable lineage. You would not take him for an enthusiast. He is too scholarly for that. His perfect self-possession, his large and finely molded head, his wide sharp lips, his dark quiet eyes all show him to be a man far above mediocrity. He was gladly welcomed by all, and doubtless felt as much at home among his new friends as though "to the manor borne."

Dr. Clifton is a striking character. Full six feet tall and brawny in his build, with a face and head full of good points, with large merry eyes beaming from under shaggy, heavy eyebrows with lips and cheeks as mobile as an actor's, with his short bristling gray hairs capping his towering form he would doubtless be taken for a model Scotchman. Dr. Clifton must have made many friends. He will not be forgotten for he is a right royal gentleman. Socially and intellectually he is quite inexhaustible.

Dr. Clotar Mueller is a man you might pass unnoticed and live to repent it the balance of your life. Fasten your eyes upon him. He is modest and reticent. But you can study him profitably. His black eyes are lost in their orbits. His perceptive faculties are pushed out so far you almost wonder if he does all his seeing with his eye brows. His head and face are perfection in their compactness. There is no superfluosness in his nature. Physically, mentally and

morally he is made wholly for practical ends. There is no indirectness in his actions or thoughts. You will not wonder after that you have seen him and heard him speak that he is looked upon by our school every where as one of the most valuable of all its leaders. Germany and Homœopathy alike have reason to be proud of Clotar Mueller.

Of Drs. Haupt and Naylor we can say nothing for we failed to make their acquaintance. Our journalistic brethren will probably give them a proper sketching.

On Tuesday evening Dr. Ad. Lippe and a large number of invited guests sat down to a banquet in the Union League Rooms. Just five and a half hours were consumed in disposing of the material and intellectual viands generously prepared by the generous host. Dr. Lippe at the head of the table, offered to his guests a hearty welcome. It was in all respects unsurpassed as a model banquet. The toasts and speeches were admirable both in quantity and quality. They ought to have been heard on the floor of the convention and gone into the printed proceedings. We will not attempt to describe them.

The Physiological Livery. By Dr. Ad. Lippe, Philadelphia.

Anno Domini, 1831, Thomas Carlyle wrote a book which he called *Sartor Resartus*. It has seen over 40,000 copies, and really treats on the philosophy of clothes. It is a work which all English and other scholars have profitably read, nay, must have read if they make any claims to be scholars at all. It is a work that should be read by every medical man in the world; if he neglects to read it he will be found out, and be called "illiterate," if he enters the arena of the medical literature; if he has not had capacity of taking in Carlyle's philosophy, he will blunder away as a writer. Such men will boldly put Schuessler's insanity into the sequences of Hahnemann's teachings, give Hahnemann credit for his foresight in pointing out the way to the Schuessler lunacy.

Such men know nothing of Sartor Resartus, and that we may be better understood by those who know naught of Carlyle, or literature in general, but who scratch away illiterally and become personal when they have no argument, we quote from the said work: "Nay, further, are not those too, perhaps, by this time, made aware that all symbols are properly clothes, and thus, not only the Magna Charta, which a tailor was nigh cutting into measures, but the pomp and authority of law, the sacredness of majesty, and all inferior worships (worth ships) are properly a vesture and raiment, and the thirty-nine articles themselves are articles of wearing apparel (for the religious idea)? In which case, must it not also be admitted that this Science of Clothes is a high one, and may, with infinitely deeper study on thy part, yield richer fruit? that it takes scientific rank beside codification and political economy, and the theory of the British Constitution; nay, rather from its prophetic height looks down on all these, as on so many weaving shops and spinning mills, where the vestures which *it* has to fashion and consecrate and distribute, are, too often, by haggard, hungry operatives who see no further than their nose, mechanically woven and spun?"

In consideration of the fully developed fact that the philosophy of clothes is a science, and in consideration of the fact that some learned doctors, nay, professors and public teachers, nay, editors of, as well as translators of Homœopathic works and journals, demand, with a thundering voice, that all men calling themselves Homœopathists shall put on the physiological livery and begin a new and better life, follow a better way and cure better than they did hitherto, or else be set down as ignoramuses, and undeserving to the kind consideration of the men who have chosen to put on a new garment, borrowed or purloined from the physiological school, and as that vesture has never yet been shown off in all its details, let us see who the great fashioner was and how he developed the measured cutting and stitching together of it; how he wore it profitably or otherwise for the development of Homœopathy; what fruits it brought and how it was ex-

hibited and paraded by its friends. Dr. von Grauvogel tells us,* "As we can not always now perform everything with the law of similarity and the homœopathic drug provings, it follows again and again that Homœopathy, physiology and pathology are indeed contraries, but completing each other, and we are all heirs to Hahnemann's desire, to continue and accomplish his work." Dr. G. is great on logic, and as plausible as this sentence reads it is nevertheless an illogical perversion. If cases occur, and for argument's sake we will admit that they do, also, we do but very rarely meet them, cases in which we can not always perform every thing with the law of similarity and the homœopathic drug provings, and if such cases are really curable cases by their nature, must we therefore in other cases draw our therapeutics through physiological and pathological sources, look for guidance outside of the law of similarity and the Homœopathic drug provings? Must we, therefore, having, under great stress, gone outside of our school, put on it a livery, as is acknowledged, of contraries? If the law of similarity and its application, as therapeutic means, is correct at all, we take it to be as clear as any thing can be, that that law must be infallibly true and always applicable, and we can not imagine the possibility of completing an infallible law of the contraries. The only true way is to go on proving. The very first proposition of Dr. G.'s, if admitted, shows that there are cases for which we can not find a remedy under the proved drugs. We may not be able to find the remedy homœopathic to a given case, because we do not diligently look for it, or because we do not read the provings rightly, or because it is not known at all. If we desire to continue and accomplish Hahnemann's great work, we must follow him in the mode of developing his work, and do as he did, prove drugs. Dr. G. in his goodness gives us the key to his proposition to completely mix the contraries, the law of similarity, physiology and pathology, when he says: † "May he (L) continue to practice the laborious and rarely rewarding task of individualizing at the sick

*Medical Investigator, May 1, 1876, page 436.

†Medical Investigator, May 1, 1876, page 434.

bed, without any further point of support; he can never come so far therewith as to eliminate the accident, which must remain though the highest aim of every science, consequently also of therapeutics." That is it. The objection to Homœopathy as Hahnemann did teach and practice it is "the laborious task of individualizing at the sick bed." Thanks Dr. G., rarely rewarding? Permit us in all humility to say, that such is not the case; it should read, "invariably rewarding," and in further humility will Dr. G. permit us to say, that just in the same ratio as we read the most advanced medical works do we become convinced of the infallibility of the law of similars, and of the mode and manner Hahnemann taught us to apply it; while it is a painstaking way, the reward is sure to come. The reading of Ziemsen's *Cyclopedia of the Practice of Medicine* shows that the most careful post mortem examinations and microscopic researches show, that while apparently the same disease (so called) destroyed life, the differential appearances of the organs and tissues after death were not alike, but were governed by the individuality and character of the diseased. And now are we to become scientists indeed, adonon a laborious task and slink back into generalizing and idleness? The apparel proposed by Dr. G. as the proper and scientific livery of the progressive healer is woven, no, not woven, but patched up, having a few stripes of the law of similarity; the rest is made up by patches of physiological knowledge and speculation and of modern pathology, and in that livery we offer the world "easy work." We say to the medical men, clad as we are proud to be clad, like a harlequin, no more laborious tasks for you; it does not pay to be honest and laborious in a sacerdotal occupation whose only aim it is to heal the sick. I will show a better way, a routine way, and if you do not follow my injunctions, and if you do not acknowledge this routine superior to the teachings of Hahnemann, I myself shall just call you an "imbecile!" And just you imbeciles do as I tell you to do—vide my text book on Homœopathy, paragraph 338, and if you have a bad case of hydrocephalus, you just give every

*May 1, 1876, of *Investigator*, page 433.

two hours, all day, a powder of *Kali. Phosph.* 2d trituration, and every evening and morning, one drop of *Argent nit.* 6; just in that manner. Neither of the remedies given alone will do any good, and if you do not cure all the cases of hydrocephalus, as I profess to have done all along, it is your fault. Take off your hats from most grateful respect. Have I not only taught you how to cure hydrocephalus? but have I not saved you labor, found for you a specific remedy for a specific disease? and have I not furnished the evidence that *Silicea* (if you give enough of it) cures the enchondroma and rachitis? That is my Homœopathy, my reasoning. My logic shows you how to generalize, and how to avoid the laborious task of individualizing, which only the idiotic pursue, and when we set aside the laborious task of individualizing, and with it, all the various mental symptoms of the sick, and instead of leaning on them, go back to ascertain the physiological disturbances, and above all, the pathology of the case to guide us. With the greatest respect for the many good things Dr. Grauvogel has written, we have taken the liberty to show him the impossibility to cut for us a new livery, composed of the law of similarity, physiology and pathology; it would be a sorry garment indeed. For our own part we shall continue to plod on. We find a rich reward in developing Homœopathy under the guidance of the teachings of Hahnemann, guided and depending on the fundamental principles belonging to our school, if a school it is. And if men of great celebrity declare to have discovered specifics for hydrocephalus, or rachitis, or cancer, or gonorrhœa, or hooping cough, or diphtheria, or the yellow fever—we politely say to them, glad to hear it, but as a Homœopathician, I most decidedly decline to try them. I shall endeavor to prove the drugs the best way I can, and in a very short time will be able to point out the characteristic symptoms of the drug, and we learn under what condition it will cure a so called disease. While it appears to be fashionable, the glistering new Homœopathico-Physiologico-Pathologico livery, we, for one, decline to put it on. Hahnemann rejected it, so do we.

Theory and Practice.

Differential Diagnosis of Scarlatina and Diphtheria. By O. S. Runnels, M. D. Read before the Indiana Institute of Homœopathy.

A year ago I was called to succeed a reputable allopathic physician in the case of a boy ten years old.

He had been seized a few days before with rigors which were followed by high fever and "sore throat." The tonsils were much swelled, and together with the uvula were covered with dirty, white, membranous patches. The pulse was quick, wiry and hard, and the patient greatly prostrated—the slightest exertion producing exhaustion.

The breath had the peculiar offensive odor pathognomonic of diphtheria, which, being once inhaled, needs no word painting for a recognition. In reply to my diagnosis, the mother said the other doctor had also called it diphtheria.

On the third or fourth day, a miliary eruption appeared over the whole body and remained during my experience with the case. Under the indicated remedies the case rapidly improved and at the end of six days was enabled with his mother, who was on a transient visit to the city, to proceed to Cincinnati. Here she consulted a prominent physician, who upon examining the now *desquamating eruption*, was led to doubt the previous diagnosis, and through the post, to wonder, ironically, what "peculiar pathology we had in Indiana, to justify such a classification?" This pleasant sally instead of shaking my opinion as to our diagnosis, only led to further discussion concerning the resemblance of the two diseases.

Many physicians have contended that "diphtheria is scarlatina modified;" that appearing as they do under such similar circumstances, and having so much in common they are one—the same in kind with a difference only in degree.

Nosologists of the present day, however, do not admit the point and show clearly where modern enquiry has drawn appreciable lines of distinction between the two; and inasmuch as the very similar phenomena of the two diseases are in many cases apt to lead to confusion, I desire to render their difference more prominent.

Both disorders find their origin in a subtle, imponderable poison, which in both cases is contagious. In scarlatina it is specific, can be conveyed directly by emanations from the body or indirectly by fomites. In diphtheria the poison is not of so marked a character, is not conveyed in fomites or material substances, but requires direct inhalation of the exhalations of the patient or actual contact with the morbid principle.

This poison in scarlatina requires a period for incubation; usually six to ten days in which to make itself manifest. In diphtheria no appreciable incubation is apparent. From this fact it is evident that the scarlatina contagion enters the system by way of the lungs or stomach and gradually propagates and diffuses itself through the organism by way of the circulation; hence, we have in the disease, general systemic disturbance first, and then localized difficulty in the throat. In diphtheria the case is otherwise. According to numerous recent experiments, made by Oertel and others, and which can be easily corroborated by your own observation the disease is propagated by inoculation, the germ of the infecting agent fixing itself generally at some exposed point over which the air in respiration must sweep, and radiating from that place throughout the whole body. Hence, whenever diphtheritic contagion finds a foothold upon the body it always excites a local affection at the point of its attachment, and the general disease develops from it.

How soon this contagion will extend its dominion after the radius has made; how soon the sickening of the whole organism will occur, depends upon the anatomical relations of the affected parts, the facility with which the tissues may be penetrated, and upon their power of absorption. As a witness, your experience will bear testimony that in this disease the

local trouble is the first thing prominent and that the febrile and general systemic disturbance comes after. But it will be urged by some that such radical difference in etiology can not exist as the two diseases are often found together in the same epidemic—the one seeming to be a counterpart or associate of the other.

It is true that diphtheria often follows in the wake of, or accompanies scarlatina, and it was from this fact that the inference was gained that it was “scarlatina modified,” but diphtheria also occurs very frequently with small-pox, measles and the fevers, and with the ordinary sore throat, croup and catarrhal diseases. It occurs, however, in the vast majority of cases alone. If it does accompany any of the foregoing disorders some general cause is probably concerned in their production.

Attempts have been made to establish points of difference between the two diseases as to climatic and geographical influences, changes and states of the weather, the seasons, nature of the soil, and social relations, but the success has been indifferent, as no reliable data have been furnished upon which to found a rule of occurrence.

The fact that some climates, places, altitudes, states of weather, seasons, soils, races and social conditions, as to wealth or poverty, have special adaptation or furnish favoring conditions for the propagation of the one disease or the other are so meagerly established as to be of little general service. Even the generally received teaching that diphtheria is specially favored by emanations from cess pools, privies and decaying vegetable matter has received a staggering blow in the fact that some of the worst epidemics known in our annals have acknowledged no allegiance to these causes and have visited high, well drained districts, while low-lying lands in the vicinity have escaped.

Like the etiology, which is still to some extent a question, the developed diseases also present some points of prominent unlikeness.

The rash of diphtheria is often absent, is variable as to the time of its appearance, seldom occurring at the outset of the

malady and sometimes delaying to a point as late as the third week, and is by most authors considered non-desquamating, though instances are occasionally met with, as in the case cited, where that condition is manifest. The scarlatina rash is never absent but appears at once with the rapid rise in temperature, is of a bright red and inflammatory character attended by œdema and sometimes vesicles, and is always desquamating.

The characteristic "strawberry tongue" in scarlatina, and the peculiar odor of the breath pathognomonic of diphtheria are factors unmistakable in a diagnosis.

The temperature also is a marked point in the diagnosis. In scarlatina the thermometer often reaches a dangerous altitude in a few hours and always maintains a high degree during the intensity of the disease. The temperature of the body is more markedly affected in scarlatina than in any other disease—often reaching, just before death $110\frac{1}{2}$ degrees.

The temperature of the body in diphtheria during the general course of the disease is not remarkable; during the early pyrexia it reaches its maximum, is variable and unreliable as an indicator of danger usually showing little or no exaltation in the worst cases and as death approaches, the throat phenomena are usually distinct and characteristic.

Diphtheria always has a membrane; but while it is without exception seated on the tonsils, uvula and velum-palati, it may ascend or descend on the mucous membrane of the air passages or be found on any part of the body favorable to its propagation.

Scarlatina may, or may not have a membrane but when the membrane is present it is confined to the tonsils, uvula and velum-palati, and in complicated cases is never otherwise.

Albuminuria is found in both diseases. In diphtheria, severe cases, it is found in the first two or three days and is then without evidences of renal degeneration. The scarlatina albuminuria does not occur till renal degeneration commences. Diphtheria in all its expressions manifests irregularity. You can not safely venture a prediction as the seemingly mildest cases are often fraught with the gravest danger.

Scarlatina is more methodical and regular and you know better what to expect and how to prognosticate.

Scarlatina comes but once in a lifetime, furnishing immunity from subsequent attacks. Conversely, an attack of diphtheria brings no such immunity, but increases the liability. The characteristic sequel of scarlatina is croupous nephritis, attended with dropsy; or there may be dropsy without renal trouble.

The particular sequel of diphtheria is some derangement of the nervous system; either the sensory nerves are affected causing entire loss of sensation or a hyperæsthetic condition, subject to the most unbearable provoke from the slightest causes; or the motor nerves may be involved and partial paralysis be the result.

From the foregoing, it will be seen that these diseases are separate and distinct and can not be claimed even as kindred.



Microscopy. By O. P. Baer, M. D. Read before the Indiana Institute of Homœopathy.

Gentlemen of the Indiana Institute of Homœopathy: This promises to be an auspicious year in more ways than one. All political, social, religious, literary, scientific and medical parties are alive in every sense of the word, either for good or for evil. Even the primal elements seem more or less disturbed; volcanoes, earthquakes, storms of rain and wind, with sudden changes in both thermometer, barometer and electrical currents are rife, not only around us, but every where all over the globe upon which we dwell. The indications are that some sweeping epidemic of a carbo-nitrogenous character is developing, and will be upon us sooner or later. Science is zealously peering into every department of the

physical universe, seeking facts, isolated though they be, yet when correlated, differentiated and carefully classified, manifest results our forefathers in scientific pursuits little dreamed of.

Facts are coming from every possible direction. The very secrets of nature are being rapidly disclosed and elaborated into forms of use. And still they come as thick as flies in harvest, from ocean, air and ether; from mineral, vegetable and animal; from planets, satellites and suns; from visible and invisible realms; from depths and heights—yea, from every where.

But a few years ago, when the friendly question was asked between greeting friends, "What's the news?" it referred simply to the welfare of one's relatives and friends. Not so nowadays; when the question is put, "what's the news?" it refers to the news from all parts of the physical universe, and about every thing therein.

Formerly we accepted all things as they came to us through our ancestry, from the beginning of historic times, without questioning the why and wherefore; but at present, every fact, thought and principle must pass through the most rigid scrutiny of which the scientist is capable. The prism, the microscope, the telescope and chemistry, have all conjoined in their entirety to yield man most willing obedience as messengers of light, and hence of truth. The prism has revealed wonders to the analytical mind. Its spectrum has unfolded the various mysteries of the sun, its very rays have been accurately weighed and found ponderable; and strange to say twenty-five elementary substances have already been positively identified in these rays. And if twenty-five, why not all that are known to exist upon the earth, and more too. Science frankly admits that the earth was once a component part of the sun, and if so, is it not reasonable that the constituent elements of the earth would be found in the sun, and in the earth? Most assuredly! The solar spectrum verifies this conclusion. Distant suns of other systems are freely yielding to spectrum analysis, as well as the planets, satellites and moons of our own solar system; and may we not safely predict that a time is coming, when we shall have pretty ac-

curate knowledge of all that materially concerns the whole physical universe? While the prism is thus actively aiding the telescope, it is also materially doing service to the microscope. The micro-spectrum is fast making inroads upon the domain of what was once considered *unknowable* and past finding out. Just as soon as the microscope discovers a mōner, a spore or an animalcule, the micro-spectrum is interrogated as to its intrinsic characteristics. Thus is science advancing step by step, rapidly, from one province of enquiry to another, and from one development to another. The microscope and spectroscope deal with material things animate and inanimate, away off, as it were, from the range of unaided vision. They have already revealed to us a kingdom intermediate between the vegetable and animal, the subjects of which are but single cell germs, or cells, either isolated or strung out in single file, thus presenting the monad, the least sized physical organism known to the microscopist, the first finite life germ. Then the micrococcus, followed by the cryptococcus, from these developments, spring in due time, the anthrococcus, or in other words, a string of micro or cryptococcus, constituting what is commonly called Bacteria. Microscopists, like paleontologists and botanists, have, in acting independently of each other, given different names to the same things; and hence, at present some confusion exists, which time and comparison will correct. Prof. Cohn's division of these infinitesimal, intermediated organisms is into three sections, thus: Chromogens, zymogens and pathogens. Chromogens, the micrococci of pigmentation, under whose operations many apparently wonderful things have occurred, such as blood exuding from bread and other like substances. Zymogens are the accompaniments of fermentation, and are largely represented in all putrefactive processes of fermentation. The pathogens are those micrococci so largely represented in contagion, such as *m.vaccinæ*, as shown by Chauveau to exist in vaccine lymph, *m.diphthericus* in diphtheria, and *m.septicus* found in the eruptions of typhus, small-pox, cholera and other highly contagious affections. This branch of microscopy deeply concerns each and every medical stu-

dent, for we are never too old to be students. Every intermediate germ or cell, either of a vegetable or animal proclivity, manifesting biological conditions, is worthy of our attention. Its character should be studied carefully, and if it in the least shows evidences of a contagious tendency, its means of production should at once be studied out, and as far as possible remedied. Protoplasm is truly the basis into which life flows. Protoplasm is bioplasmic only so far as the inflowing life makes it such. Protoplasm is the willing recipient of life, and the form it assumes depends upon the influx of formative life, from pre-conceived intentions of Jehovah. These various forms of life, multiple as they may be, generating billions in the course of forty-eight hours, and as harmless as they may prove themselves to be, still we can not treat them with scientific indifference. The pennecillium though a very great annoyance to various articles of our households, is harmless to us personally. So with various others of the cryptogamous family. There are several varieties of infinitesimal fungi, both visible and invisible, which are constantly seeking opportunity to impinge themselves in the different external cavities of all animal bodies, such as the ear, eye, nose, mouth and teeth, denuded surfaces, and the follicles at the roots of the hair. So also with the countless numbers and varieties of animalcula, which though unseen at first, rapidly develop into the most loathsome pests. While each of the four groups of the protozoa, the rhizopoda, the foraminifera, the spongiæ and the infusoria are highly interesting to the microscopist, none so imperatively demands the scrutiny of the medical philosopher and microscopist as the countless variety of the infusoria. They truly represent a higher organization than the amœbæ of the rhizopods, yet so minute are some, that five hundred million of them would barely fill one drop of water; such is the inconceivably small animal known to the scientist as the *Monas-corpusculus*. While the Amœbæ is the lowest of all well defined animal organisms, being merely corphous-sarcode, of a semi-fluid character, with projective and retractive powers, and pseudopodia (too numerous and filamentous for ordinary beings) by

which they move about and catch their prey. The *Monas-corpusculus* has a proper organism capable of digestion, assimilation and rapid flight through air or upon the earth. While the *globigernia* and *orbitolita* are covering the deepest sea bottoms with their bodies, which will result in solid rock for future generations, the infusoria and vegetable spores are constantly modifying, changing and seriously disturbing the atmosphere, inducing contagious endemic and epidemic diseases.

From these foreign agents of disease, which impinge upon different external cavities of humanity, and thence travel inward to the finer parts within, to where they alter the normal functions of life, the tissues, the emunctories and the cells; we should search diligently with high magnifying microscopes, to ascertain if possible their mode of attack, how and precisely where. The cell is the ultimate manifestation of histological and morphological life. The death of the cell must therefore be the destruction of life. Between life in its fullness, and death in its entirety, there is a vast domain of countless inequalities, mapped out topographically as it were, into every possible phase of disease. Every change from an absolutely normal function is disease. And as life and death are in every sense opposites, they must necessarily operate upon the same emunctory, tissue or cell oppositely; hence, while life flows in and gives form to the cell, it primarily commences at the base and builds upward, therefore death, working upon things already made, created and formed, must work against life from the top to the base of the cell, or in other words, from the efflux to the influx of life, driving it back by the way it entered. To maintain an equilibrium is to promote health; to destroy equilibrium is to usher in histolysis and also morpholysis.

A knowledge of pathology is essentially necessary for every physician to possess, in order to give him a just view of death. But pathology alone, without a critical and extensive knowledge of physiology is sheer nonsense. No one can comprehend death, even in its least form, save through a comprehensive knowledge of life.

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The cell is virtually the primal seat of both life and death, and also every type representative of either. This, then, is the most important organ of the human organism, and requires the most persistent study. The elaborated protoplasm composing its walls, its structure, its power of endurance, its longevity and death are all fields to be explored by the coming sharp-eyed microscopist.

The cell being, therefore, the nidus for disease, there must be a highway to it, just as capable of carrying good as evil, provided always, that the material aimed to be sent there, be not of a caliber too large for transit. Disease is emphatically perverted cell life, let it come from whatever source it may, and the physiological correction of this perversion can only be accomplished by the proper similitum, sufficiently to set free the molecule or atom, or, if you please, the first finite; for all matter is divisible to the first finite, and no farther. The inherent potential, remedial qualities of all physical substances belong to the primal elements composing them. *Dynamization* is greatly enhanced by division, succession and concussion; and to attest the correctness of these divisions and concussions, as furnished us by the pharmacist, we must bring to our assistance the micro-spectroscope, which will reveal even the billionth part of a grain of the pure, unadulterated attenuations, and probably even less, with nice adjustments.

There are no precise boundary lines defining the probabilities of scientific research, and in truth never will be. Hence we can institute no arithmetical calculation as to the extent of the future possible developments which the micro-spectrum may have in store for us in every branch of science. It has been said by those who profess to know, that the microscope has revealed the characteristic image of the murderer upon the retina of the person murdered. This being admitted a truism, ought not the converse of the fact be also true? If so then the distinctive image of the murdered individual would be equally well defined upon the living retina of the murderer, which no doubt, could be made manifest by proper manipulation, by first enormously dilating the pupil, and then throwing upon the exposed retina, a strong calcium light, an accurate

impression could be taken by the camera, and from this photograph the image of the murdered party would be developed by the microscope. Whether these are chimerical ideas or not, they are suggestive at least. There is a great tendency to ultimation, both in spiritual and physical substances, hence the great probability that the above proposition is not far from the truth.

Scientific experiments made by the ingenious application of the micro-spectrum, are pressing themselves upon us from numerous standpoints, and none of them more important than those of Stokes, Hoppe, Richardson and Valentin, in relation to blood stains. Valentin has shown that the blood lines, or characteristic blood bands, two in number, manifest themselves in the green; both lying between the Fraunhofer's lines of D and E at a space thus far, not occupied by any one known substance. He also found that thick layers of arterial or venous blood will always produce in the spectrum a light luminous band, reaching from the red to the dark line D in the yellow. While fresh blood in thine layers, or old blood diluted even 7,000 times with water, will show, though faintly the distinctive peculiarities of blood. He had given to him some twenty packages, all numbered, for investigation. He, as an expert, acquitted himself most honorably, by assigning to each package its proper quality. In each package containing blood, he found the lines of absorption well and clearly defined, so much so indeed, that there could be no shadow of a doubt about it. Here is the scientific solution of a vital question.

Chemistry and the microscope alone have failed to solve the medico-legal question of blood stains; but the spectrum added to the microscope, positively reveals the whole thing, and we stand justly amazed. Crime is no longer past finding out. We may concede it as a settled fact, that blood stains are amenable to the experimentum crisis of science, that their two absorption lines are determined and precisely located. The next point, or points to be definitely settled is the character of the blood of different animals, as contrasted with that of man. This difference must rest in the corpuscles, either red or white, or perhaps both. Here is work for all of us, for

unless this differentiation is correctly and unequivocally made, the knowledge thus far attained will avail us nothing. Blood stains where medico-legal jurisprudence is invoked, involves life as well as death. The object and intent of the criminal law is to punish the guilty and protect the innocent, and not contrariwise. Blood stains may be from innocent causes but found improperly located at suspicious times may lead to unjust arrest, penal suffering and death. Blood stains may become testimony when the images upon the retinae of both parties, are counterparts of each other, and other evidence of a more positive character, fully corroborate it, not otherwise.

Homœopathy virtually is the custodian of the microscope. From its scientific votaries great revelations are expected. Homœopathy has to do with the little things of nature—the particle, the molecule, and the atom or finite—and in all such dealings, the microscope and its helpmate, the spectrum must be constantly invoked, and their results brought into daily use. Homœopathy is not chimerical, but an exact science in its infancy, gaining positive facts from all directions out of which precision will be reached in due time. Every passing event proves it more and more, and no collateral agent or agents have been of more lasting benefit to it than the microscope and spectrum. Spectrum analysis is only the handmaid of Homœopathy and will sooner or later lead to undisputed enthronement among all people throughout Christendom. Thanking you for your attention, I submit the subject to your ripper judgment.

A Diagnosis Wanted. Is it Epilepsy or Hysteria? By W. S. Mullins, M. D.

Mrs. W., aged thirty-two; nervous temperament; mother of one child, has been married six years. She, in company with her husband, called upon me the twenty-sixth of June.

In consultation with them, I elicited the following symptoms, which I give in their own words:

"Three or four days before the 'spell' comes on, she picks and rubs her nose; face flushes; occasionally grinds her teeth in sleep. Twenty-four to forty eight-hours before said 'spells', urine scant, thick and whitish-red; usually deposits a reddish sediment; sometimes though, it is whitish. The 'spells' come on during sleep, generally from ten to forty minutes after falling asleep, whether day or night, and begin by a gurgling, strangling noise. Her heart beating as though it were a hammer pounding inside, shaking her all over. Eyes partly open, rolling up showing the whites; this lasts ten to forty seconds, apparently without breathing, and is followed by her trying to breathe as though swallowing something that choked her; cheeks drawn or sucked in; teeth tightly closed, yet she manages to bite her cheeks some, and occasionally the edge of her tongue, slobbers a little (does not 'froth at the mouth'); this lasts from one and one-half to two minutes, when she seems to sleep soundly, drawing rather long stertorous breaths; this lasts two to five minutes, when the breathing becomes more regular in respiration, more natural in every way; when she begins to tremble and shake all over, like a person frightened with a chill on. During this time she usually wakes up confused as to her surroundings, but if not disturbed very soon sleeps again. If disturbed during any of the time from first attack until she wakes of her own volition, she is frightened, can not speak so as to be understood, her thoughts seem to be to escape some threatened danger, and she would run if she could. She is then much longer in reaching a normal state than when let alone, and her headache is also more severe. She is sore all over from every attack; she usually has those 'spells' two or four days before monthly period; sometimes has two 'spells' in a few hours of each other; but day before yesterday (June 20) during the day (from 10 a. m. to 3 p. m.) had three of them, four days after monthly period. Her general health is bad, troubled with costiveness all the time, the generality of the actions consisting of white, slimy matter, looking much like flux only not bloody; complains of

pain, excessive weakness in small of the back, and a bearing down in the lower part of abdomen." The reason I ask advice upon this case, is because I think it is one of peculiar interest, and from the symptoms and many hours study of the case, I do not feel warranted in diagnosing it either epilepsy or hysterics, although the case presents to my mind certain symptoms which might be called or termed characteristic of both diseases. The case has been under old school treatment for ten years. At one time, during the first year of her marriage, the lady was entirely free from the attacks. Four years ago she lost her only child by diphtheria, and for two years after that she was continually and deeply grieving for the little one. From that time to this the attacks have slowly but surely increased in frequency.

Gentlemen, will some of you furnish me some light upon this intricate, at least to me, and peculiar case?

Proceedings of Societies.

North Eastern Iowa Homœopathic Medical Society.

The first annual convention of the North Eastern Iowa Hom. Med. Society was held in Dubuque on the 14th inst. in the parlor of the Lorimier House. President, Dr. J. S. Bell, of Cedar Falls, Dr. S. Mills Fowler, Secretary pro tem. Dr. Bell read his annual address, which was an able discussion on climatic and other influences in Phthisis Pulmonalis. Dr. Bell's ideas are perhaps new and novel to many. The ground taken however was ably supported by argument and statistical comparisons. He claims that a light, gravelly

sandy porous subsoil that will insure dry surface, is the first and most potent argument in favor of a locality as a resort for those afflicted with consumption. This, and other ideas advanced, created no little discussion and interest; all acceding that the doctor's was well taken, and maintained, he himself having been for years a sufferer from the disease, and was supposed to "know whereof he spoke." Dr. R. L. Hill, of Dubuque, was called upon to give an account of the Scarlet Fever epidemic which has prevailed here to such an alarming extent during the past winter and spring. The disease had been exceedingly virulent from the first, attended with a high rate of mortality. Remedies principally used were *Bell.*, *Bry.*, *Rhus. tox.*, *Merc.*, *Camphor* and *Sul.*, was more than ever convinced of the virtues of *Bell.* as a prophylactic, but did not think it should be used as such, lower than the 30th potency. Indeed he thought that it was entirely worthless in a lower attenuation. This did not agree with the experience of others, as they habitually used it in the lower attenuations, from the first up, and were well convinced that it had protected many children in families where it already existed. Dr. Davis then led a general discussion on the treatment, etc., of Intermittent Fever. That he cured a large per cent of his cases, probably nine-tenths, with high potencies. He wanted a characteristic or two, and when he could get at them, he gave his high potency with the greatest confidence in selecting the remedy, the time the chill made its appearance was one of the first indications he considered. *Ars.*, *Nat. mur.*, *Chin.*, and *Ipecac*, were most frequently called for. Dr. Green, of Manchester, said that he was glad to hear Dr. Davis talk in that manner, but that he would hate to give his experience in the treatment of ague. Dr. Cogswell, of Clinton, said that he managed to cure most of his cases, but that he wouldn't say just how he did it. Dr. Green allowed that there was not a physician present who would be willing to commit himself, in regard to his treatment of this disease, unless it was Dr. Davis. Dr. Davis called the attention of the Society to what he termed *Calcareae* symptoms. That he often cured chronic complaints

where he had heretofore failed completely, by prescribing *Soft Water* instead of the well water or spring water the patient had been in the habit of drinking. He often gave some medicine, but gave most force to the *Soft Water* because, although *Cal.*, was pre-eminently indicated, it afforded no relief, given in whatever strength. This circumstance is what first called his attention to the subject.

In the afternoon Drs. R. L. Hill, E. R. Jackson and R. S. Gee of Dubuque, S. W. Green of Manchester, W. A. Mellen of Independence, E. Jackson of Epworth were, upon report of the Board of Censors, elected to membership, also, Dr. W. H. Parsons of Burlington, was elected an honorary member. On request, Dr. Guilbert, of Dubuque, then read an exhaustive, interesting and instructive paper on the prevalence of scarlet fever during the several months past. This was in fact a minute history of the epidemic, from its first approach to the present time, detailing the many and anomalous characteristics which it presented, among other things, he noted, what others here had not, a peculiar pulse in most if not all of the cases which proved fatal; a pulse that was hard to describe; variable, occasionally intermittent, bounding along full for a few seconds, and then becoming thready, and communicating to the senses, that peculiar thrill that is indicative of tumultuous heart action. None of the cases in which he detected this pulse recovered. Dr. Davis verified Dr Guilbert's statement in this respect, in an epidemic that visited Lansing two years ago, he was enabled to decide the result on his first or second visit, in each case, and when he found this pulse, he told the friends that there was no hope, and his prognosis was correct in every single instance.

I refer you to a copy of our proceedings, which will be out soon, in which this paper will appear unabridged, and will well repay study. It contains many valuable hints in regard to treatment, diagnosis and prognosis, of this disease. Dr. Davis then offered the following which was unanimously adopted.

Resolved, That we heartily endorse the action of the State Society in recommending Dr. E. A. Guilbert, of Dubuque,

for the chair of practice, and Dr. W. H. Parsons, of Burlington, for the chair of *materia medica* in the homœopathic department of the State University.

Dr. Fowler, of Dubuque, then presented the report of the Bureau of Surgery, calling the attention of the Society to the great need of more surgeons in the homœopathic school, urged the adoption of it as a specialty by some, and all others to encourage and support them; also the more general study of specialties by the profession, advocated the formation of societies however small to meet often compare notes and take counsel, etc.

Dr. Fowler also reported a very interesting case of *Pyæmia Septicæmia*, with Typhus, following amputation, successfully treated, and highly recommends carbolic acid internally in such cases. Dr. Green, of Manchester, discoursed, to good purpose, on *Electro-Therapeutics*, and related interesting cases.

The Election of Officers resulted as follows :

Dr. J. W. Davis, of Lansing, Pres.; Dr. C. H. Cogswell, of Clinton, Vice-Pres.; Dr. J. A. Burt, of Waterloo, 2d Vice-Pres.; Dr. W. A. Mellen, of Independence, Rec. Sec.; Dr. S. Mills Fowler, of Dubuque, Cor. Sec. and Treas.; Dr. Crippin, of Waterloo, Green, of Manchester and Jackson of Epworth, Censors.

Dr. Davis was inducted into office, and returned his thanks to the Society for the honor conferred on him in a happy speech. He loved Homœopathy for what it had done for him and his. Referred to Dr. Guilbert as a "friend in need," in his darker days, in terms of highest praise. He thanked God that his eyes had been brought to behold the light of true Medical Science. He felt to bless the illustrious Hahnemann, by whose genius this light of pure medicine had been shed upon the world. He was striving to be pure himself and the purer his practice was, the better and more brilliant were the successes which attended his labors, etc.

By invitation of Dr. Cogswell, Clinton was selected as the next place of meeting, at 10 o'clock, the second Tuesday of December, 1876.

Dr. Fowler was appointed Orator for the occasion, and Dr. Mellen alternate; Dr. Cogswell committee of arrangements.

In the evening, the members of the Society and many friends of Homœopathy assembled at the Universalist church to listen to the annual address by the eminent professor and orator, E. A. Guilbert, M. D. This was a retrospective view of Homœopathy, giving many interesting details of its wonderful advancement in this country, where but fifty years ago, it was represented by but one poor obscure lonely physician in the city of New York, whereas now, it has become a power in the land, represented by over five thousand practicing physicians, with colleges, journals, hospitals, etc., etc. He dwelt tenderly upon the circumstance in his own family, which led him to investigate our school or system of medicine, heroically on the trial and persecutions of the illustrious founder, and defiantly upon the sneerings, opprobriums and billingsgate of the Old School wiseacres of the present. After the address, the members with a few invited friends, repaired to the residence of Dr. E. A. Guilbert, by special invitation, where a sumptuous repast was in waiting, presided over by the Doctor's good wife and amiable and accomplished daughters; then came music etc., for a few hours, when we adjourned to meet in Clinton in six months.

FOWLER.

Indiana Institute of Homœopathy.

The Tenth Annual Session of the Indiana Institute of Homœopathy convened in the Senate Chamber, Indianapolis, May 9th, at two p. m.

The attendance was better than at any previous session; several visitors from abroad being present among them Dr. C. W. Breyfogle of San Jose, Cal.

The Institute was characterized by an earnestness and wide-awakeness unknown in its past history. The papers were of a high order and on practical subjects and the discussions critical and didactic. The first paper on the "Effects of *Musk* in Chloral poisoning" by Dr. W. L. Breyfogle was provocative of a general and prolonged agitation on the much mooted "dose question." The frequently repeated dose of five grains of pure *Musk* employed by the doctor in "the most horrible convulsions it has ever been my lot to witness" was the "bone of contention." He said he had been induced to make the resort by the known action of *Musk* in the system and through the advice of his partner Dr. R. W. Pierce. The best allopathic skill in the land had been exhausted; ordinary Homœopathic measures had likewise proved of no avail and death was apparently but a few minutes distant. In view of the long continued and enormous use of *Chloral Hydrate* (over one ounce per day as per druggist's certificate) the above dose was resorted to, and this was followed by nature's most happy compliment—speedy recovery. As in everything else, so in medicine, "nothing succeeds like success"; and so the doctor was generally sustained, by the institute in his practical and successful treatment in spite of the dexterous use of the word "Allopath" and the emphasized statement that *Bell.* 1st would have been a better prescription.

The following papers were read and discussed during the Session :

Effects of *Musk* in Chloral Poisoning, by W. L. Breyfogle, M. D., New Albany; Differential Diagnosis between the True Hip and Knee Joint Disease and the Hysterical Hip and Knee Joint Disease, by W. Eggert, M. D., Indianapolis; Dose and Potency, by F. L. Davis, M. D., Evansville; Nursing and Care of the Sick, by Dr. Ada B. Fally, Lafayette; Proving of *Comocladia Dentata*, by J. Hyde, M. D., Terre Haute; Rupture by a Peritoneal Stone, by F. W. Becker, M. D.

Aurora; Intermittent Fever—two cases, by W. L. Morgan, M. D., Indianapolis; Epidemics, by F. W. Becker, M. D., Aurora; Proper Culture of Girls during the Puberic Age, by P. B. Hoyt, M. D., Indianapolis; Differential Diagnosis of Scarlatina and Diphtheria, by O. S. Runnels, M. D., Indianapolis; Microscopy, by O. P. Baer, M. D., Richmond; Ætiology of Intermittent Fever, by A. McNeil, M. D., New Albany; Therapeutics of Intermittent Fever, by A. L. Fisher, M. D., Elkhart; Therapeutic Uses of *Nitric acid*, by J. A. Compton, M. D., Indianapolis; Study of *Rhus radicans*, by J. R. Haynes, M. D., Indianapolis.

According to the custom of this Institute these papers will be at once consigned to the censorship of our various editors and will be by them brought to the eyes of the profession, or at least such as are worthy to survive so I will not detail their contents. We are more impressed with the wisdom of this, our plan of giving our good things to the profession in the day of their transaction, instead of burying them in the debris of society transactions as so many of our organizations do, where they will not again be found till the meeting that gave them birth is forgotten and then only by the selfish handful of doctors that heard them read in the first place.

In accordance with the recommendation of the Board of Censors the following physicians were received into membership; G. W. Bowen, M. D., Ft. Wayne, L. S. Herr, M. D., Evansville; L. W. Carpenter, M. D., Logansport; J. H. Berger, M. D., Cambridge City; C. W. Cook, M. D., Franklin; and W. L. Morgan, M. D., Indianapolis.

The annual election resulted as follows: Prest., W. L. Breyfogle, M. D., New Albany; first Vice-Prest., F. L. Davis, M. D., Evansville; second Vice-Prest., A. L. Fisher, M. D., Elkhart; Secretary, O. S. Runnels, M. D., Indianapolis; Treasurer, J. R. Haynes, M. D., Indianapolis; Censors: W. Eggert, M. D., A. McNeil, M. D., O. P. Baer, M. D. and Dr. C. T. Curliss.

Drs. O. P. Baer, O. S. Runnels and W. Eggert were appointed delegates to the World's Homœopathic Convention.

Adjourned to meet second Tuesday in May, 1877 or at the call of the President and Secretary. O. S. RUNNELS,
Secretary.

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Vermont Homœopathic Medical Society.

The twenty-sixth annual session of the Vermont Homœopathic Medical Society was held at the State House, in Montpelier, on Wednesday, June 7th, at 9 a. m. President, C. H. Chamberlin, M. D., of Barre.

The following gentlemen, recommended by the Board of Censors, were elected to membership: Albert Colvin, M. D., of Burlington; Melvin D. Smith, M. D., of Addison; Henry Tucker, M. D., of Brattleboro: and H. E. Dykeman, M. D., of Northfield.

Dr. W. H. Hamilton reported a case in jurisprudence, where it was alleged that death resulted from non-ligature of the cord; the prosecution claiming felonious intent on the part of the parent, no physician having been called in. A discussion followed as to the necessity of ligating the cord. Drs. Hamilton, Woodhouse, Tucker, Waugh and Jones participating; also, whether the fact that the lungs of a newly born child floated in water, should be accepted as positive proof that the child was born alive.

An interesting and extensive report from the Bureau of Obstetrics and Diseases of Women was presented by Drs. Sparhawk, Jones and Worcester, followed by a discussion of Uterine Hemorrhage and its treatment.

Dr. Hamilton called the attention of the Society to the death of one of its members, Miss Jennie A. Rich, M. D., of Richville. She was attacked with diphtheria while in the practice of her profession, and died after a very brief illness.

Dr. Hamilton offered the following: *Resolved*, That it shall be considered unprofessional for any member of this Society to admit a student to study medicine in his office, unless the said student shall have received a preliminary education. And it was so voted.

Dr. Worcester, of Burlington, stated that efforts would be made before the Legislature to establish a State Board of Health, and probably to regulate the practice of medicine; but while this Society was in favor of any measures for the promotion of Sanitary Science, and raising the standard of medical education, it was decidedly opposed to giving any medical sect exclusive jurisdiction over the public health, or giving any medical body, however numerous or respectable, the right to say who should practice medicine,

Drs. Worcester, Woodhouse, Jones, G. E. E. Sparhawk and Horton were appointed a committee on legislation and instructed to act in conjunction with similar committees appointed by other State societies and the American Institute.

Interesting papers were presented by Dr. C. B. Currier on Salicylic Acid, and by Dr. Worcester on "The Physiological Properties of *Conium Maculatum*."

"Dr. J. H. Jones reported several cases of Chorea cured by the application of ether spray to the spine.

The following were elected officers for the ensuing year: President—A. E. Horton, M. D., East Poultney; Vice President—H. W. Hamilton, M. D., Brandon; Secretary—Samuel Worcester, M. D., Burlington.

SAMUEL WORCESTER,
Secretary.

Surgery.

Fracture of the Facial Bones. A Novel Splint. By Dr. S. B. Dewey, Cleveland.

June 2d, F. S., aged twenty. A loaded wagon passed over his face from left to right, striking the external angular process of the frontal bone first, passing across the left orbit, crushing the eye out, and passing upward to the frontal bone at the root of the nose, cutting the nose free from the skull, breaking the bridge and fracturing the turbinated bones. From this point it glanced off from the frontal, taking a downward and outward direction, passing beneath the right eye, crushing the facial portion of the superior maxillary through into the antrum, forcing the right malar bone upward, and outward, fracturing the roof of the mouth and forcing a spicula of bone through its mucous surface, thus making an external wound between two and one half and three and one-half inches in length, cutting through the soft parts, and making an opening through which you could look into the throat and meatus of the nose, and allowing the face to drop down.

Dr. C. E. Buell, of East Cleveland, was called to dress the wound and place the parts in position. After cleansing it and removing the loose fragments of bone, the parts were brought together and retained by stitches and adhesive strips. The vessels being so crushed that it was impossible to take them up; the hæmorrhage was not alarming. In two or three days the stitches pulled out letting the whole superior maxillary fall down, and so remaining until the 15th inst. On the 11th, Dr. Buell (at the suggestion of Dr. H. F. Biggar) called to know if I could do anything for his case, he having failed to keep the parts in position. The 13th, in company with Dr. B., I visited his patient with the intention of making a thorough examination of the case and render such assistance as might be deemed advisable.

On making a careful examination (this was eleven days after the accident), I found the face had fallen down so that a gap one and one-half inches wide was left between the frontal bone and the severed end of the nose. The edges of the wound granulating, the discharge of pus great in quantity, but mostly healthy. An impression was now taken with wax of the roof of the mouth, alveolar arch and teeth; which was attended with considerable difficulty, the parts being so mobile that it was almost impossible to put pressure enough on it to make an impression in the softened wax. After the impression was obtained we were again troubled to withdraw it without displacing the wax.

From this impression a plaster cast was obtained, over which a vulcanite plate was made to cover the roof of the mouth and alveolar ridge. The labial surface of this plate, over the four incisors was cut away, giving a free passage into the mouth, through which nourishment could be taken.

On both bucal surfaces of the plate were attached two silver wires, each six inches in height and one half an inch in diameter. The plate end of each wire was armed with two braces an inch apart, each brace having two screws passing through it into the plate. The first brace being attached between the canine and first bicuspid teeth, the second opposite the first molar. These wires passed out at the corners of the mouth and were bent directly back along the side of the cheek being parallel with the sides of the plate in the mouth, for about two inches, and then curved downward forming a loop through which a bandage could be passed and fastened to a skull cap above.

The 15th inst. this appliance was adjusted and the gap closed about one third. The wound having been agap so long before the splint was applied, and the discharge of pus so great, that it appeared advisable to close up the opening gradually.

My next visit was made on the 17th. Found some improvement in him since the application of the splint. This time the gap was closed about one third of an inch more; also some spicula of bone removed. The right eye was very

much inflamed from sympathetic connection with the dead one on the left side, which was now nothing but a sack of pus.

It was considered best to amputate the left eye for the benefit of the right. This was done on the 19th by Dr. W. A. Phillips, after the administration of an anæsthetic.

The 21st I saw the patient again; was doing well, still a little weak from the effects of the anæsthetic. The gap was now closed to within three-eighths of an inch; a slight union had taken place under the right eye.

It was about ten days (July 2d) before I saw the patient again. The improvement during this time was very marked. He had been around the house and out doors for two days. The gap was almost entirely closed up, only a slight opening over the bridge of the nose. The opening into the throat was also closed, so that the injections used to cleanse the parts no longer passed into it. On removing the plate we found the parts were self-sustaining, union having taken place almost the whole length of the wound under the right eye. It was allowed to bear its own weight only for a moment for fear of tearing away this newly formed tissue.

I hardly need comment on the rarity of this case. There probably is not a parallel case on record. This is one of the cases where the surgeon must rely on his own immediate production to help him through. We have not a book that cites a similar case, nor gives the treatment or appliances to be used. It was not without many misgivings that this was undertaken, and for the success of my appliance I am greatly indebted to my colleague Dr. D. R. Jennings for his suggestions and advice given during its construction.

Everything appeared to be in our favor in this case. We had a young, healthy man, whose manner of living was plain and substantial, with a constitution strong enough to withstand almost any strain. Nor was this strength allowed to be wasted but under Dr. Buell's skillful treatment it was kept up surprisingly well. And again Dr. B. is entitled to much credit for the thorough manner in which he kept this wound cleansed and disinfected. As to the constitutional treatment and dressings followed in the case, I am not enough conver-

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sant with to give it in detail, (the writer having only been present at the stated periods to cleanse and replace the splint) but as far as my knowledge goes. it was thorough and scientific, being creditable both to himself and his profession.

In glancing over this report it will be seen that from the day the splint was put in place, the patient began to mend; in less than six days we had the gap closed within three-eighths of an inch, the discharge of pus growing less and more healthy. Before its application the doctor had well grounded fears of pyæmia (of which he spoke on my first visit) which gradually subsided as soon as the parts were supported. At the time of writing the patient is rapidly improving. All that remains to be done is to wait for nature to do her work, her promises being very flattering for a fair appearing face in the course of a few more days.

Ulcers. By Geo. C. Jeffery, M. D., Brooklyn, N. Y.

Probably there is no affection more prevalent among the clinical patients found at our dispensaries, than ulceration in its various forms and expressions; and as an explanation as to the cause, none will be more reliable than that those dependent upon gratuitous treatment, are the class which embody that division of humanity, suffering from the inconveniences of indigent circumstances, conducing to a poor support of their vitality, owing to an improper and insufficient nourishment.

At the Brooklyn Homœopathic Hospital Dispensary, for the last year, this class of disease has become remarkably prevalent, and probably the surgical clinic has shown by its

report a greater per centum of the various classes of ulcers than any other condition presented at its portals for operation or medical treatment.

The various forms of ulcers that have been here treated by me, have included within their category probably every variety mentioned within our nomenclature. From a simple to an indolent, phagedenic, including varicose and syphilitic ulcers, in every degree of progress and of every variety of appearance.

A fact that has suggested itself to me with considerable force of enquiry, brings with it a question. Why do we find ulcers in their greater majority upon the calves of the leg? It may be answered and the solving may lie here: Almost without exception are they found among the working classes, and in the greater number of cases upon the calves of women—barring syphilitic ulcers, which certainly indicate no preference of sex or position of outbreak. The last clause of the former sentence being an axiomatic fact, it may well be added to the former interrogatory, and combine the question: Why do ulcers most frequently attack the calves of the leg, and why are women in the vast majority made the subject of their expression?

Among our poorer classes of civilization, a woman bears a corresponding relation to the squaw of our uncivilized Indian tribes. In the latter is the brunt of toil, and the drudgery of servitude is added to by the requirements of custom; while in the former, exactly the same conditions exist, analified by another precedent, necessity. And in truth may the little rhyme,

"Man toils from sun to sun,
While woman's work is never done,"

find practical confirmation here. From the earliest experiences of married life to the time when death lightens the burden, the tale of the poor man's wife, and the woman of cares is replete with the same sad expressions of overwork, of being worn out by toil and broken by disease. So why do we find women mostly the subjects of these indicators of exhausted vitality?

First: Owing to the large number of children that it is nearly always their lot to bear in rapid succession.

Secondly: Application to work that has a tendency to produce a varicose condition of the veins of the legs.

Thirdly: The influence of a worrying mind upon the stomach, impairing, as a result, proper nutrition, thereby reducing the potency of their vitality.

Fourthly: Improper and insufficient nourishment.

Fifthly: Lactation and the details incident to the care of children.

Sixthly: Constant wasting of nervous substance, produced by the associations of life, and a constant application to laborious work.

Seventhly: Neglect of the laws of hygiene, especially of fresh air and exercise, both of which women are excluded from embracing, owing to the variety of their occupations, they being almost exclusively confined within doors.

Without controversy it will be admitted and noted, that with men nearly every section in this schedule finds an exception. Now if we admit that woman, for the reasons cited are mostly the subjects of ulcers, it will next be in order to answer the last clause in the question, which is, why are the lower extremities generally the seat of the outbreak? But two causes occur to me, and probably they will satisfy the greater majority of cases, which are:

First: The prevalence of varicose veins arising from a pressure upon the sacral plexus of veins during pregnancy, which by the nature of surrounding circumstances are scarcely ever remedied by the act of parturition; also the wearing of garters producing the same distention of the coats of the veins by pressure at the knee, that the child's head does at the sacrum.

Secondly: The location being such as to favor the reception of contusions and sprains, which act frequently as exciting causes when added to a syphilitic or scrofulous cachexia.

Irrespective of classified diagnosis, my treatment in all cases has been very similar, I using remedies indicated by their special Homœopathic relation to the individual cases. I re-

call in special, the case of man suffering with a syphilitic ulcer, who, from the intensity of his pain and the distress it occasioned him, was unable to sleep at night, or to follow his usual avocation. I employed *Arsenicum* 30 centesimal, and discharged my patient in a few weeks entirely cured.

TREATMENT.

Arsenicum album. In old cases where there is burning and lacerating pain; where the edges overlap the sore; which emits a fetid odor, and has an ichorous discharge.

Carbo veg. When the margins of the ulcer are raised, and have a bluish reflection, and the pus discharged gives forth a cadaverous smell; valuable after *Arsenicum* has been fruitlessly used.

Mercurius solubilis. Ulcer has a sensation of ants crawling through it; pains worse at night, especially after getting into bed.

Lycopodium. In old cases, where the edges are swollen and shining and the ulcer has a tendency to become fistulous.

Silicea. In ulcers that have become putrid; in old, psoric, cachectic persons living in poverty and filth; also in fistulous ulcers of a dingy appearance, with shaggy, callous edges extending to the bone.

These remedies are all that I have been called upon to use internally, although I find *Arsenicum* to find itself required more than the others, owing to the weakened and decrepit condition of most of the patients that I have consulted.

Locally, all cases have been bandaged with a roller, whether varicose or not, from the toes to the knee; and an ointment of the following formula has been employed in conjunction:

℞ *Zinci Oxidi,* grs. LXXX.

Adeps Benziated ℥i

M. et. ft. Unguent.

Sig. Apply every night.

In looking over some of our standard works of surgical literature, I find highly endorsed, the process of grafting. The recommendations of this process come from such reliable sources, that there can scarcely be a doubt of its efficacy.

With the above detailed treatment, I have dismissed cured from my clinic all cases that have been treated; and not until my star of fortune wanes, will I be obliged to substitute my present means for others, which are, I doubt, not employed with, I hope, a corresponding success.

Concerning "Stiff" By E. A.

"If you please," said I, "I'm a wicked person who write for the newspapers."

He looked at me very sharply over his big gold spectacles. I rolled my eyes and tried to look like a poetess or something. I wanted to look kind of æsthetic, you know. But there must have been a little crook in the corner of one eye, or something wrong, for he still scanned my open countenance with the experienced gaze of one whose long familiarity with anatomical "subjects" enabled him to read the soul of an alligator. Then presently he nodded, as who should say:

"I believe you!"

So it happened that I, ever nosing about among forbidden things, found myself within that mysterious den where they keep all that is left of one Cunningham, otherwise "Old Cunny," thirty years graveyard robber to the Cincinnati doctors. Many a time I had pictured to my mind's eye this old sinner and the ghastly companions of his horrible midnight rides, and there he was before me,—bones.

Cunningham had been a soldier in the Mexican war, among the other incidents of his eventful life. He sold his own body, over and over again, to every medical college in Cincinnati, and got paid for himself, too, each time. His skeleton sits upon a tombstone, and like an honest granger, he grasps a spade. Some rascally students have set an old

drab plug hat jauntily upon his skull, stuck the stump of a pipe between his fleshless jaws, and filled the great eye-sockets of him with some fiery sort of tinsel paper. Thus, and so rigged out, "Old Cunny" awaits resurrection day. If you remove the old drab hat you will be struck at once with the noble development of his skull, according to the science of phrenology. Particularly the bumps of veneration and benevolence are immensely developed. Put down one for the science of phrenology.

"The old man was lame in the hip," said Dr. Brown. "Here is the injury, you observe."

"Yes," says I, "he was shot when he was a soldier in the Mexican war, I suppose?"

"No, he was shot when he was robbing a Roman Catholic graveyard," said Dr. Brown.

I remarked "Oh!"

"Did you ever hear the last act of Cunny's life?" said the Professor of Anatomy.

"No," said I.

Whereupon the Professor of Anatomy narrated what one might call the story of the three "stiffs."

One morning the Health Officer of Cincinnati sat peacefully at work, when two sanitary policemen rushed in and excitedly demanded what they should do with Old Cunny.

"I'd like to know what you've got to do with Old Cunny?" demanded the Health Officer. "Attend to your dead cats and let Cunny alone."

"But he's brought a wagon load of 'stiffs' down Hunt street in broad daylight. They're a sticking out all sorts o' ways, and a mob is after him, stoning him."

Then the Health Officer took down his awful official frown from the nail where it hung handy, put it on, and went out to Ninth street, and saw the most fearful sight that ever greeted the eyes of even a Health Officer. There was a regular mob in the street, and the cause thereof was Old Cunny and three dead people. Cunny sat upright in a tumble-down old open buggy drawn by a skeleton horse, the two together like the outfit of a Tennessee refugee. Chucked in behind

the old villian was one dead body, with its naked feet sticking up and waving wildly in the air. In front, at his feet, was another, "stiff," crossways, feet out one side, head out the other, with its hair hanging down, while sitting up, stark and stiff, beside him, "large as life," was the third damp moist, disagreeable body. And in this jolly manner, with these three jolly companions, old Cunny had actually driven in broad daylight through the streets of the God-fearing town of Cincinnati, until an outraged public sentiment had landed him opposite the Ninth Street Station House. The Health Officer beheld the awful sight, and a shudder passed through even his experienced bones. It was a "subject" to contemplate. The Health Officer made a concession to public sentiment on the spot.

Old Cunny was locked up, and the three "stiffs" were taken to an undertaker's. Old Cunny's last illness was on him then. His mind wandered, and he never was himself again. He died soon after, and the doctors got him—and the rest is silence.

"And what became of the three "stiffs?"

The Professor of Anatomy smiled. It was a superior sort of smile, not unmingled with an expression of triumph.

"They were taken to the undertakers. The Coroner was summoned, and held an inquest over 'em. They were then buried in proper form by the undertaker, and that same night they were all three dug up and hauled back to the college dissecting room."

Thus did the medical profession circumvent outraged public sentiment at last.

"You wouldn't imagine what queer things happen in our line," continued the Professor of Anatomy, musingly. "Once I was on my way home from the East, and we were detained a whole day at Crestline. There was a crowd of passengers, and among them I noticed a party of three well dressed people who kept apart from the rest. They were an elderly lady and gentleman, and a young lady. The ladies wore mourning. In the rush for seats, when at last the train came, it happened that the elderly gentleman found a place next to me.

"I am going to Cincinnati on a very curious errand," said the elderly gentleman, after a while. "The young lady you see with me, is my niece. She was engaged to a young man who came West a few months ago. He was taken sick on a steamer going from Pittsburg down the river, and when the boat reached Cincinnati he was taken to the Cincinnati Hospital, and died there. The young lady is crazy to obtain his body, and we are going after it."

The goose flesh began to rise over the Professor of Anatomy.

'Darwin has most beautifully called attention to the fact that "goose flesh" in man is a "survival" of that erection of feathers or bristles which takes place in the lower animals when they are strongly excited by fear or rage. When the nervous system is disturbed by any powerful emotion, it excites minute muscles called arrectores pilorum over the body, and the contraction of these muscles at once draw on end, for instance, the feathers of an infuriated hen. A powerful emotion at that moment disturbed the nervous system of the Professor of Anatomy, and set all the arrectores pilorum of his body going.

"My dear sir, you'd never find that body in the world among so many unknown ones," said the Professor of Anatomy, very earnestly.

"My niece is absolutely certain she could identify it anywhere," pursued the elderly gentleman, composedly. "There were marks," and the elderly gentleman described them.

How well the Professor of Anatomy remembered 'em! How they stood before him in an accusing row, at that instant, like so many Macbeth's daggers in the air, only Macbeth's situation wasn't a circumstance to the feelings of the Professor of Anatomy. He knew those marks even better than the young lady herself. In point of fact —

"But the body would be so decomposed by this time that you could not possibly find the marks," insisted the Professor of Anatomy, most emphatically and powerfully.

"That would make no difference," answered the elderly gentleman, more composedly still. "She says she would

know even his bones, and his bones she must have, if nothing else. He has lost two fingers of one hand, by an accident."

"Yes, yes, I know," gasped the Professor of Anatomy. So he did, fearfully well. The two unhappy, fingerless stumps were executing a voiceless ghost tattoo in the air before his eyes at that moment. He might well say, "Yes, yes, I know." But he kept his courage up.

"My friend," said he, "your niece's lover was undoubtedly buried in Potter's Field, among the unknown and unclaimed dead. No name or stone or mark distinguishes one grave from another in Potter's Field. Reflect, now, a moment, what work it would be to go digging up one grave after another, till you had gone through two or three hundred, and then, perhaps, you could not find the one you sought." (The Professor had good reason for his doubts.)

"My niece has set her head, though, and nothing will stop her," pursued the composed elderly gentleman.

The Professor of Anatomy is a learned man and an eloquent. He is both a fluent writer and lecturer, but he never in his life laid himself out on his fluency as he did then. Never in his life was his earnestness so Demosthenes-like as on that day. He argued a race with the composed elderly gentleman till they got to Columbus. There, at last, science triumphed over affection, and affection beaten out, drew off and went back home, while science, triumphant, but awfully scared, came on to Cincinnati.

"I never felt so queer in my life," said the Professor of Anatomy.

"Are there so many people buried in Potters' Field then?" asked I.

"Well—a great many people are taken there," answered the Professor, significantly.

"Are the pauper bodies you dissect always buried first?"

"Invariably. In every case a body must go through the farce of being buried, even when we know that it will be on our dissecting table three hours after. It is necessary to have regard to an outraged public sentiment, you must know. Public sentiment will starve, and freeze, and kick a poor,

worthless tramp from town to town, and refuse him even the shelter of an outhouse for a single night, as long as he is alive; but the moment the breath is out of his good-for-nothing body, and for the first time since his existence began it is possible for him to be of some use to the world as a 'stiff' in the interest of science and humanity, then, bless your soul! outraged public sentiment rises in her majesty and stands guard over that dead tramp's body as if it was the Holy Grail itself. 'To be sure I kicked him, and froze him, and starved him, and poisoned him on benzine as long as he lived, and so I should have kept on doing if he had lived a thousand years longer,' says outraged public sentiment, 'but now he's dead and it can't matter in the least to him what's done to his battered old body, good or bad—now you doctors, just pull a hair off that dead tramp's skull, and I'll send you to the penitentiary five years and fine you a thousand dollars. He was worse than worthless alive, but now he's dead, this drunken old vagabond's body and bones are worth more than all the medical science and the alleviation of human suffering since the world began, and while the world lasts. I'm Public Sentiment.'

"Ridiculous!"

"Just so," answered the Professor of Anatomy.

It seemed proper enough to begin this story on "stiffs" with a slight sketch of one who himself made so illustrious a stiff at last. It seems yet more proper to look a little into the sort of law and public opinion which makes necessary in our civilized country the execrated class to which Old Cunny belonged—the class of "resurrectionists." A more desperate and demoralizing life than theirs can hardly be imagined. While on the one hand they dare the triple terrors of law, theology and the newspapers every time they venture out on one of their midnight journeys, on the other hand they also risk the not less real and practical dangers of rheumatism, influenza, and not seldom of infectious diseases. They can not help being thieves, because the law makes them such. Then, if discovered, the State of Ohio gives them the penitentiary. Theology, in the shape of out-

raged public sentiment, would occasionally give them mob law if it dared; and not least there's your respectable newspaper reporter ever at elbow, ready to fling his convenient "ghoul" and "vampire" at their unhappy heads. Perhaps, in that instance, the respectable reporter becomes the incarnation of outraged public sentiment. As if all that terror constantly hanging over them were not enough, the poor wretches complain always of rheumatism, coughs and chills, from digging in the damp, unwholesome earth, in the night air. The thought of earning a living in that horrible desperate way is enough to make one shudder. What wonder, if like Artemus Ward and Old Cunny, most of them "drown their sorrows in the flowin' bowl."

Thus, at present, in the State of Ohio, the medical practitioner like a guilty thief, at the risk of five years in the penitentiary, must steal all his knowledge of the anatomy of his patients. If, under the circumstances, your family physician should make a mistake in doctoring your anatomy, sue him for malpractice, by all means. Do! It would be like you, you great, bigoted, stupid fool of a Public Opinion, you!

In the respect of giving medical men an opportunity to study how fearfully and wonderfully you and I are made, if it is any satisfaction to know it, our free Republic is about three hundred years behind any other Nation on the civilized globe. We are accustomed to think of the French as a people still largely under the sway of mediæval superstitions, and yet in Paris every day a covered government wagon goes the rounds of the hospitals and gathers up all the unclaimed dead bodies. Having collected its load of subjects, the same wagon then goes the rounds of the medical colleges, from school to school. At the door of each the wagon stops, a bell rings at the dissecting room, and the medical students come out and choose their own subjects for dissection. It never occurs to anybody in Paris that there is any objection to this course of proceeding. A dead pauper's relations, if he has any, have nothing to say in the matter. Public hospitals and charity patients in France are emphatically for the benefit of doctors. While the best of care is at all times given the

hospital patient, it is perfectly understood that the price he is to pay for this care is that his body shall belong to the doctors after he is dead. It is a right, the divine right of science, which nobody questions.

In England if the relatives of a hospital patient claim his body and bury it at their own expense, they can do so, otherwise the medical men take it for dissection. At the great Imperial Hospital, of Vienna, the bodies are absolutely and entirely at the disposal of the Professor of Anatomy. Huge tanks of dilute *Carbolic acid* are provided, and in these tanks the dead bodies awaiting dissection float about—if you please—like so many drowned kittens. From these great tanks the famous Professor Rokitansky, who has dissected more bodies than any man living, takes his choice of material, and prepares therefrom those world-renowned lectures which American-medical students cross the ocean every year to hear. No wonder medical science in Europe is in advance of medical science in America. The effete despotisms of Europe give, by law, the bodies of paupers and criminals to the medical students, while the enlightened Republic of America puts him in the penitentiary if she catches him stealing the body of a nameless vagabond out of a pauper burying ground. On the whole, it seems likely that Europe will continue to be in advance of America in medical science for some time to come.

There is but one possible way for the medical student to learn the mysteries and ailments of the living human body, and that is by patiently and minutely dissecting the bodies of the dead. It does the dead no harm, while it is of incalculable benefit to the living. From the beginning of history, medical science made no important progress till the Alexandrian school of medicine, in Egypt, began the dissection of the human body. That was nearly 2,200 years ago. Centuries before Christ was born, the laws of pagan Egypt allowed in the interests of science what the laws of the State of Ohio refuses to-day. In some respects it is doubtful whether a Christian Republic is much of an improvement on a pagan despotism, after all.

The lamented Professor Agassiz ordered in his will that his body should be examined by physicians after his death. His noble spirit was fain to contribute something even after he was dead to the science he loved so well while living. It was the true scientific spirit, untainted by fear, selfishness or superstition. Such a brave humanitarian spirit, something like Abraham of old, would not fear to dedicate even the mortal remains of a beloved child to science, if thereby other men's and women's beloved children could be saved to them.

It will apparently be some centuries before the average mind of America reaches such a humanitarian plan. At present, medical students would be more than satisfied if Public Opinion would surrender merely the unclaimed bodies of paupers and criminals for anatomical subjects. If Public Opinion would but look at herself a moment, she would see that by one of the most unaccountable contradictions of human nature, she now holds a man's dead body to be worth more than the living one. The only possible good the wretched outcasts of civilization can do to the world is in their death, and Public Opinion refuses to let the world get even that much out of them. Nevertheless, O, almighty Public Opinion! as I said before, sue your doctor for malpractice.

Editor's Table

WE ARE becoming distressingly wise. Our wisdom is a source of tantalizing apprehensions. We are developing the science of etiology only to be miserable. Ignorance gives us, at least, a fancied security. But now that we open our eyes on the discoveries of modern science, alas!

"Dangers stand thick through all the ground,
To push us to the tomb."

First it's *sugar*. From the consumption of it comes largely our cerebro-spinal epidemics. What will our eaters of candy do about it?

Then it's *salt*. The use of it on our snow covered streets is conducive of sore throats; above all, diphtheria. Its use internally is followed by scrofulous developments. These are fresh news about salt.

Just lately it is *coal oil*. Not that it all too frequently cremates the user; this it does openly and without compunction. But more than this, it secretly poisons the air of the house, and destroys the life of the household. Quite a catalogue of diseases are charged over against the use of this valuable agent.

Again it is *stove blacking*. The vapors it sends off the heated stove are redolent with catarrhs, consumption perhaps, at least slow death. We hope the charges will be substantiated. Stove blacking is an unmitigated nuisance both when it is being put on and when it is coming off.

Lastly it is *kissing babies*. Poor little things! How they suffer at every bodies' lips! Syphilis, diphtheria and consumption are communicated to them—possibly taken from them in the act of kissing. By all means let us have a new contagious act, and interdict sugar, salt and kissing babies.

As for coal oil and stove blacking they are necessities, while the rest are expensive luxuries. Now that we think of it, *soap* has fallen lately under etiological bans. If our dermatologists rule against it as productive of skin diseases it must be forbidden to all except those who had rather die than live dirty. Yes, etiology is a great science, but an exceedingly uncomfortable one.

Medical News.

INFORMATION WANTED.—We are all eager for instruction, particularly in the treatment of chronic intermittents, and when S. R. Geiser, M. D. attempts to instruct in the use of *Chinium Arsenic* (see MEDICAL ADVANCE, June, 1876, page 79) he should tell us whether he uses the 1st trituration or the 40 m. dil. It is a matter of considerable importance to us to know what attenuation he used. Please call his attention to the matter, and oblige.—E. BECKWITH, Muncie, Ind.

THE American Institute of Homœopathy, at its recent meeting in Philadelphia, elected the following officers for the ensuing year:

Dr. E. C. Franklin, of St. Louis, President.
 Dr. T. P. Wilson, of Cincinnati, Vice-President.
 Dr. R. J. McClatchey, of Philadelphia, Secretary.
 Dr. J. C. Guernsey, of Philadelphia, Provisional Secretary.
 Dr. E. M. Kellogg, of New York, Treasurer.

The next meeting of the Institute will be held at Chatauqua Lake, a beautiful watering place in Western New York.

BURNED OUT.—Dr. P. S. Duff, of Great Belt City, Pa., returned from his Centennial vacation to find his house and office laid in ashes. The loss is severe, and to the doctor irreparable.

JNO. E. KISSELL, M. D., recently graduated from the Pulte Medical College, died of consumption at Springfield, Ohio. He was an excellent and a promising young man.

DR. J. G. GILCHRIST, of Detroit, has been tendered the chair of surgery, and Dr. A. F. Rockwith the chair of obstetrics in the Homœopathic department of Michigan University, so we understand.

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J. P. GERTERT, PR.



T. P. WILSON, M. D., GENERAL EDITOR.

VOLUME IV. CINCINNATI, O., SEPTEMBER, 1876. NUMBER 5.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, 223 W. Fourth St., Cincinnati, O. Terms \$2.50 a year.

THE veteran head of the Eclectic Medical Journal, of this city, has gone to Europe. Meanwhile the editorial department is run most any Howe. The elated "temporary" in the editorial chair distinguishes his ascendancy to that high position by running a muck against the homœopathic school. His first lieutenantcy under Scudder never gave him such an opportunity as his brevet captaincy now offers to demolish the entire fraternity of little pill doctors. His acquaintance with the homœopathic school seems to be of recent date, for he exclaims, "It is astonishing with what cool assurance a homœopath will recommend a minute quantity of *Cal. carb.* to cure formidable phases of morbid action." If he were reasonably familiar with what homœopaths do frequently recommend, he would cease to be astonished, unless his bump of the marvelous is a "formidable phase of morbid action," in which case *Cal. carb.* in "minute quantity" will help to cure. Or is it because of the "cool assurance" these homœopaths are prone to indulge in? For shame, my brethren! Though you have faith and good works in abundance, let it not be known except in an apologetic way with downcast eye. Cease to astonish this wonder-stricken youth with expressions of honest conviction. Hear him again:

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It is asserted that homœopaths are the founders of "specific medication," yet if, in the selection of a specific, the choice is to be made from a thousand remedies, how is the ordinary practitioner to know the particular remedy by sight or reasoning? Specific medication is admirable when made clear and succinct, yet if it is going to take a week or two to find the best medicament, the pathological condition aimed at may so change that it would be nonsense to suppose the medicine accomplished anything desirable. Homœopathy too often shines with such dazzling brightness that it has a blinding effect! Let a homœopathic writer be practical enough to name a remedy which will quickly and appreciably modify a morbid condition and he will bestow a boon upon medicine.

Is it possible this brevet editor does not know that this thing has been shown in thousands of instances? We commend him to the perusal of his homœopathic exchanges while the editor-in-chief is away. Naughty stories are amusing but not instructive or convincing. Dr. Lippe's article in the August Number of the *ADVANCE* will help this youthful seeker after truth, and possibly give him a clue to the principles upon which the homœopathic school rests—a thing he does not at present understand.

"ONE touch of Nature makes the whole world kin." The repulsions and divergencies that affect the medical profession lead us, at times, to almost doubt if there can be a thread of unity found running through it. Again and again, we call upon its members to rally at our social and professional gatherings, and as often we find only a scattering few to respond. We despair of uniting them in any common cause, until death touches one of us, and then, over the grave of that dead one we gather, moved thereto by a common sympathy, and then put aside our hatred and jealousies and willingly unite in pronouncing eulogies on the departed. It is always a beautiful sight when such tributes are worthily and cheerfully rendered. It renews our faith in the innate goodness of the human heart. As one remarked, "It is a fitting time to say pleasant things in memory of the dead." But these pleasant things, it should be remembered, can not reach the ears that are cold in death. It were a far better thing if they had been spoken in the ears of the living. To have spoken them thus, would have cheered a heart burdened with sorrow, would have helped weary hands at their toil, would have given life and hope in hours that were dark and sad. Why should we wait until our brother is dead before we utter pleasant things about him? It is a pleasure to know that it is not always so. The exceptions are so rare, we may quote a few of them. George Frederick Louis Stromeier, the distinguished German surgeon, recently completed his fiftieth year in the doctorate. His friends held, in his honor, a splendid anniversary. The government gave him additional honors, and all heaped fitting praise on his head. It was a well chosen time, for in a few days after,

Stromeyer fell dead at his post. A short time since our honored Drs. Constantine Hering and John F. Gray completed, simultaneously, their fifty years of service in medical practice. The occasion, both in Philadelphia and New York, was appropriately observed. Honors and praise were heaped upon them, and the highest possible tributes were laid at their feet. Our whole profession joined in the acclaim, and rejoiced in what had been accomplished by these noble men. Why should we not see to it that every man, who nobly fills up the measure of his fifty years in the practice of medicine, is thus honored! But we need not wait a half century before we say pleasant things of our brethren. Every day we might say that which would fall cheerfully on the ears of our co-laborers. We are so sure to say them when these men die, why not say them now? We may, sometimes as business runs, think it best to say hard things of our brethren. They may need, in our opinion, rebuke or castigation; but what if we indulge in this all the time? Then there would seem to be either no goodness in them or no sweetness in us. Neither of these is true. And by kind words which are of great value and cost but little we should strive to give the lie to all who deny that kind personal feelings exist in the medical profession. There is a touch of nature that is not death that makes us kin; it is the touch of good fellowship.

The Physiological Livery. By Dr. Ad. Lippe, Philadelphia.

The advocates of putting the physiological livery on the Homœopathic school of medicine, may be happy to learn that Dr. Schuessler is not their only friend and champion on the other side of the Atlantic Ocean, but they have the hearty support of Drs. Hughes and Sharp from Old England. They are both industrious and thinking men, and we must give them credit for the earnestness and fearlessness with which they express their ideas and suggestions. They evidently are in earnest in their peculiar endeavors to improve a system of medicine first introduced by Hahnemann. The new departure at which they aim, and which, according to their *opinions*,

would be a great, and, to our opponents of the common school of medicine, acceptable improvement, is this: The advanced state of the allopathic school, has so far developed physiology and pathology, that now (which was not the case in Hahnemann's days) this school has found the causes and seats and history of diseases. Therefore, they falsely and very erroneously, as well as utterly illogically, argue; therefore, we must learn from that school; therefore, we must put on their livery and hereafter treat just what they profess to have discovered to be the seat and cause of sick physiology. And that we may do this very thing, still holding on to our chosen symbol (*Similia Similibus Curantur*) we must also adapt our *materia medica* to serve its uses for the cure of sick physiology; and all symptoms not in fact objective, or indicating strongly their objective tendencies, or are objective prospectively, must be left out; all the silly talk about conditions (not translatable into physiological language) must cease, and the mental symptoms are no guide at all. Who ever heard of the importance of mental symptoms among the practitioners of the common school, who have now found out the *material* causes of diseases, and these material causes we must control, guided by a material *materia medica*. What the materialistic school has not found, has been discovered after fifteen hundred years of darkness, and Hahnemann's denunciations of the injuries inflicted upon poor suffering humanity, will not hold good to-day. To be sure the common school blunders on, and their list of mortality is no smaller than before the new discoveries enlightened them, showed them the seat, the cause and nature of diseases; showed them the material changes emanating from this or the other tissue or organ, showed them the point precisely on which the attack is to be made, for the cure of material known changes constituting disease, and our friends of this new departure are quite elated and argue that we are homœopaths accepting and acting on these new professedly final, correct discoveries, may do great things; out do Hahnemann, and bring about a millenium, build an entirely new temple, not on the foundations laid by Hahnemann, but under the cover of the temple erected by

him, under its shade, unobserved and stealthily, on no foundation at all, other than empty assertions and speculations that will live just as long as their predecessors lived. Dr. Hughes has given us long preludes to this final march of a new departure in the British Journal of Homœopathy. His first step was to create a distrust in Hahnemann, and to this end he tells us, especially in his lengthy papers on *Belladonna*, that he has been unable to find some of the quotations made by Hahnemann in his *materia medica*, and he evidently wants us to draw the inference that these quotations were not true. We have no doubt that Dr. Hughes diligently looked for them, had an aid even in Paris to look for them, and did not find them, and admitting his sincerity, we do not admit his deductions at all. His evidence only amounts to this: "I, Dr. Hughes, and my aid, could not find certain quotations made by Hahnemann." If Dr. Hughes were conversant with the rules governing the law of evidence, he would have been careful in his statements; and if he will read a few pages on "Evidence" in Blackstone, he will find his position a very precarious one. If Hahnemann is tried on such a question as is involved in his statement before the medical body, the ordinary laws of evidence must be enforced by all means. The defendant in this case is openly charged with misquotations, and if the charge is sustained, his character for honest truthfulness is jeopardized by the charge, and if sustained, is lost. If he were not honestly truthful in these instances, he can no longer be trusted at all. That noble, self-sacrificing and to the welfare of sick humanity devoted man, never, never could or would have uttered a false quotation; and as he can not answer for himself, and as none of his faithful followers have thought proper to refute such a charge, it is done now, even admitting all to be true what Dr. Hughes states about his inability to find these quotations. We should suggest that a man of Dr. Hughes' abilities might have blamed himself for not finding what he was looking for. Indexes too, especially medical work, are frequently at fault; even in the *Materia Medica Pura*, there may have been errors of figures which escaped the proof reader. But we will dismiss

this painful subject, and proceed to a further investigation of the new departure.

Homœopaths have held that the totality of symptoms constitute the disease. The locality, the kinds of pains, the conditions, (amelioration and aggregation, time, position, etc.) and that the accompanying symptoms, including those of the mind, constitute this totality.

The physiological school holds entirely opposite views. That school professes to know that every disease has its starting point, has its origin in a distinct organ or tissue, and must be attacked in this its stronghold; that we have to combat diseases and their material origin.

If this were true and we could apply our *Materia Medica* (remodeled for that purpose) to combat this newly discovered foe, then the object which our erring brothers seek to accomplish, viz: to simplify medicine, make things easy and less laborious and painstaking than the more tiresome (nevertheless successful) task laid out by Hahnemann, that object would be accomplished.

At the very first step the schools are diametrically opposed to one another. Homœopathy sees and treats sick individuals only, the physiological school treats sick physiology.

It has been claimed by the advocates of the physiological "livery among us, that they will accept the proposition, that we must in these enlightened days progress backwards, and see also through newly discovered scientific spectacles nothing but sick physiology, and that our advanced knowledge of drug action will enable us to utilize this advanced knowledge, which is of no practical use to the patient discoverers of it. We learn that the physiological school, with all their boasted and advanced knowledge, commit great, even public blunders. We will here only allude to a public case not a year old. The celebrated New York lawyer, Charles O'Conner, sickened. The celebrities of the physiological school were summoned to help him; they came; they diagnosticated and they dosed him. All the newspapers throughout the land published day by day that this good and useful man was growing worse; his life was despaired of; he was "sinking," and scarcely able

to utter a word. Finding his end was approaching, and the physic given him only augmenting his sufferings, this man of such powerful intellect, under these circumstances, resolved not to take any more medicine; took no more; lived, and is now a useful man again.

To base our therapeutics solely on the supposed knowledge of the seat and causes of sick physiology would be just what these erring men demand of us, put on the physiological livery. The ridiculousness of it has been illustrated by Dr. Schuessler, and has been fully exposed in this journal. Still error is hard to eradicate, especially if it promises "easy times" and a relief from "hard work."

For the benefit of our erring brethren, and of such men as may feel inclined to listen to their seductive talk, we will endeavor to show the utter fallacy of their proposed progress backwards, by an illustration, and for that purpose say a few words about the homœopathic treatment of ovarian diseases. Upon examination of the sick we find her suffering from ovaritis, or of dropsy of the ovaries, or cysts, or hydatids, or calculi, or tubercles, or fibrous tumors, or cancer, or hernia; and for argument's sake admitting that our diagnosis is correct, surely correct as to ovaritis and dropsy of the ovaries, and reducing our illustration to these more familiar diseases, how are the men in the physiological livery to find the proper remedy? Medicines have, to be sure, caused on the healthy, symptoms which frequently are found when these diseases are present, and our advanced knowledge obtained by provings on the healthy, have, besides many other remedies, pointed out strongly two animal poisons and two metals, *Apis* and *Lachesis*, *Argentum* and *Palladium*. None of these have ever caused even ovaritis, and we have only been able to establish the reliability of the similar symptoms by the clinical experiment—and if the physiological livery even admits all that, what are you going to do about it when you want to utilize this knowledge? The physiological livery man only wants to know that these four remedies act on the ovaries very prominently—then try one after another, or all four in alternation. The Homœopathician does more. He has, with-

out fear of contradiction by any experienced colleague, found that *Lachesis* and *Argentum* act on the left ovary, and *Apis* and *Palladium* on the right ovary. That is useless information, and worse than that, incomprehensible information, to the man in the physiological livery. Why, says he, that amounts to nothing, are not both ovaries alike? And being alike in structure are affected alike by disease and by medicines. That is the logic of the materialist. Furthermore all these four (as well as other similar remedies) have their own peculiar kinds of pain. Those of *Apis* and *Lachesis* are similar, so are those of *Argentum* and *Palladium*. The animal poisons have much more severe pains, burning, stinging, or similar to that experienced in menstrual colic, and here again it is a well observed fact that the menstrual colic originating in the left ovary will yield to *Lachesis*, and that originating in the right ovary to *Apis*. The metals have more of a great soreness and dull pain. If the kind of pain does not point a remedy, we fall back on the most important of all symptoms, the mental symptoms, which are so strongly different in these four remedies, all of which is Greek to the materialist. Will not one of these men tell us how they go about it?

Hahnemann never for a moment rejected any knowledge which the collateral branches of medical science could yield, but he protested in the strongest terms against the prevailing method to base the therapeutics on such very uncertain and fallacious knowledge as we have had, and forever will have, as to the causes of diseases.

Every physician is now a days expected to diagnosticate and prognosticate correctly, and must therefore be in possession of all the advanced knowledge in pathology and physiology. Is it not quite as ridiculous to be unable to diagnosticate a case, as it is to base our therapeutics on such a diagnosis? And that is exactly what these erring brethren desire us to do. Want of success will soon drive them either back into the allopathic camp where they are not wanted, or it will drive them to read the *Organon* and become healers.

Proceedings of Societies.

Albany Co., N. Y., Homœopathic Medical Society.

The regular quarterly meeting was held Monday evening at the Homœopathic Hospital in Albany.

Drs J. J. Peckham and Wm. H. Vanderzee were elected members of the Society.

Dr. Paine read a statement having reference to the Homœopathic Asylum for the Insane at Middletown. The following is an abstract: "The sixth annual meeting of the Board of Trustees of the State Homœopathic Asylum for the Insane was held June 15th, 1876. The asylum is located at Middletown, Orange County. It has been open for the reception of patients two years. The original plan embraces five separate buildings, affording an aggregate capacity for the accommodation of six hundred patients. Only the central or administrative building has been occupied thus far by patients. The first of the four pavilion buildings adjoining has been completed, and on June 19th was opened for the reception of male patients. It is capable of accommodating one hundred and thirty patients. The removal of all the male patients from the central building furnishes room for twenty additional female patients. The administrative building was originally intended for the occupancy of the officers of the asylum and of convalescent patients. On account of the pressing demand for admission two years ago a few were admitted. The number of applications for admittance increased so rapidly that every available portion of space was soon occupied. On account of the over-crowded apartments a very important feature required in the successful treatment of the insane, viz., their proper and judicious classification, of necessity had to be almost entirely set aside. At one time only a few weeks since, ninety-six patients were crowded into a building designed to accommodate only forty or fifty con-

valescent cases. Notwithstanding the detriment to convalescent patients and those suffering from the milder forms of insanity, by contact with violent cases, the ratio of cures to the number admitted has been very satisfactory. Of two hundred and twenty-three admitted sixty-four have been discharged cured, a per centage of 28.70. Seventeen patients have been discharged improved, a per centage of 7.62. Forty-nine have been discharged unimproved, a per centage of 21.97. This large per centage of unimproved cases has, of necessity, resulted from the admission, for trial, of an unusually large proportion of chronic cases. Eighteen patients have died at our asylum within the past two years, a per centage of 8.07. Seventy-five patients were under treatment at the asylum on the 19th of June. Eleven of them were so far restored as to warrant dismissal in a few weeks. The method of medical treatment employed is homœopathic. In not a single instance has there been administered in appreciable doses either *Morphine*, *Chloral*, *Bromide of Potassium*, or any of the so-called narcotic remedies."

The following resolutions, offered by Dr. Milbank, were unanimously adopted:

Whereas, Strenuous efforts have been made during the past few years to enact a law creating a State Board of Health, worded so as to provide for the appointment in said Board of Allopathic physicians only; and,

Whereas, No good reasons exist why the control of all sanitary affairs of the State should be intrusted to one school of physicians to the exclusion and detriment of another; and,

Whereas, Such exclusive control or system, thereby indirectly establishes a monopoly in medicine; therefore,

Resolved, That, while we earnestly advocate the enactment of such sanitary measures as have for their end the prevention of disease and the lengthening of human life, we urgently protest against the passage of any health bill providing for the appointment of medical men which does not recognize an equal numerical representation by name of the two dominant systems of medical practice.

Resolved, That we cordially assent to and respectfully request the passage, by the next State Legislature, of a law securing equal representation from both the Allopathic and Homœopathic schools of medicine.

Dr. Waldo spoke of the importance of establishing a system of recording and publicly announcing the presence and location of several of the more frequent acute diseases. He said: "It is well known that a thorough system of meteorological observations is established throughout the entire country, and carried on by the Signal Service Bureau at Washington. Atmospheric changes taking place in all parts of the country are clearly indicated by this organization with remarkable foresight. It is also well known that many of the more violent and fatal diseases prevailing at certain seasons of the year appear in connection with, if not as a direct result of, certain peculiar conditions of the atmosphere. It follows that the announcement of the prevalence of the more frequent acute and epidemic diseases throughout the country would prove of very great advantage. (1.) By promptly furnishing reliable information concerning the presence and extent of epidemic zymotic diseases; giving timely warning of their approach, thereby allaying needless alarm, and enabling those who may be peculiarly susceptible to avoid unnecessary exposure. (2.) By affording opportunity to those who make these diseases a special study the better to determine their causes and the laws which govern them, to more accurately announce their probable approach, duration and intensity. and furnish information regarding precautionary measures to be adopted for escaping their influence."

On motion Drs. Paine, C. E. Jones, Waldo and Van Derzee were appointed a committee to prepare a blank form, similar to that recommended by the Massachusetts State Board of Health, as published in its last report, for the weekly registration of a few of the more common zymotic diseases. The Secretary was instructed to publish and distribute the blanks to physicians in Albany and adjacent counties, at the expense of the society.

Dr. Paine read a history of the introduction and progress of Homœopathy in Albany and vicinity. The following extracts are of general interest:

"In the past forty years, thirty-nine Homœopathic physicians have resided in the city of Albany. Of this number thirteen

commenced practice prior to the year 1850. They may be very properly considered the pioneers of the homœopathic profession. Seven of these are known to be living, and all of the seven are fulfilling ordinary professional duties. Their names are: Drs. J. M. Ward, C. H. Skiff, Henry D. Paine, E. Darwin Jones, David Spingsted, Horace M. Paine, and Harmon Swits, of Schenectady. Of the whole thirty-nine, thirty-three are supposed to be living, and at the present time engaged in practice.

"The Homœopathic Medical Society of Albany county was organized in 1860. Its list of members contains the names of thirty-seven homœopathic physicians. It is not known that a single death has occurred among its membership since the formation of the society; all are believed to be endeavoring to promote in their respective localities the advancement of the benign system of medical treatment which they have adopted. Seventeen members of the society reside in Albany; one in East Albany; one in West Troy; two in Cohoes; one in Schenectady; one in Berne, and one in New Scotland. Eight of the thirty-seven came to Albany mainly to fill appointments to positions in the Homœopathic Hospital and Dispensary. Of this number, all except the present incumbent have removed, on the expiration of their terms of service at the hospital, to other eligible locations. Thirteen members have removed beyond the jurisdiction of the society."

H. E. MILBANK,

A Day in the Field.—A Massachusetts Company Under Fire.

"Attention Company! A Field Day in Essex Co. You are invited, etc., etc." Something of this sort came at us on a postal card a few days since. Knowing well what all this

meant, we donned our hat and well nigh started for the depot before we recalled the fact that the World's Convention had already exhausted our spare time. What we lost thereby is painfully apparent from the subjoined report.

July 17. Essex County Homœopathic Medical Society held its fourth annual picnic in Centennial Grove. All formality and professional dignity were laid aside. The morning was spent in various rambles, base ball, pitching quoits, and walking, running and boating matches, in which all heartily joined, young and old, fat and lean, tall and short. There were two hundred in all, and among them several distinguished English physicians. Dinner was served at one o'clock in the grand pavilion. After this Dr. A. J. French, President, delivered this address:

It affords me unfeigned pleasure to address ladies as members of our society. It is one of the signs of progress of this nineteenth century. It certainly is one that Homœopaths can well be proud of, this Centennial year of our National Independence; for we were the first to plead her cause and recognize her upon equality with men in the practice of medicine. As Homœopaths, we profess to be in the vanguard in all that relates to the elevation and amelioration of mankind. Truth and progress are our watchwords, and whatever tends to the elevation of woman is but the raising of man to a higher plane of civilization and refinement. And when we consider the fact, that she has done so much to introduce our system of therapeutics,—so willing and ready to promulgate whatever tends to bless and help mankind,—so quick to perceive and appreciate the beneficent results of our system of cure, we feel under special obligations to welcome her into our ranks and give her an equal chance with ourselves.

Our colleges, our State societies, our profession generally extend to her a most cordial welcome; and may the close of the new century upon which we have just entered, one hundred years hence, have no occasion to say welcome, but find her recognized in all that relates to the welfare of mankind as the co-equal with man.

How great have been the changes wrought within the last hundred years! I have not time to allude to them on this occasion, except as they relate to the wonderfully marvelous progress that has been made in the science of therapeutics. Up to the time when Hahnemann discovered the great law of cure, "*Similia similibus curantur*," all that was known about therapeutic action of drugs, was based upon empiricism—not a priori reasoning, no scientific law of cure known—all was experiment at the expense of the poor suffering patient. For more than two thousand years had the profession practiced upon humanity, without discovering the first ray of light in regard to the scientific law of the therapeutical action of medicine. *Ipecac* was known to produce vomiting, simply because it was accidentally discovered; and so on with the whole catalogue of drugs. All we knew about the action of medicine, was the result of experiment on the patient. Not until the immortal Hahnemann discovered and proclaimed to the world the great therapeutic law of cure, "*similia similibus curantur*," was there any scientific law of cure recognized and practiced. Enough for one century if it shall result, as we fully believe it will, in a thorough and radical revolution of the practice of medicine. Already we behold its beneficent results in the Allopathic school of practice. The lancet, the moxa, and powerful drugging have already disappeared; the saddle bags, and apothecary trunks have given way for the pocket case and milder remedies. If they do not recognize our law of cure, they are obliged to imitate us by giving smaller doses and using milder means in the treatment of diseases. Truth is the ultimatum of our theory of therapeutics; so we have nothing to fear, whatever opposition we may be called upon to encounter. Truth seems to have asserted her claim and has been recognized as never before. When this great therapeutical law was discovered by Hahnemann to be a truth and the foundation for a most beneficent system of medical practice, which is now recognized and practiced by thousands of thoroughly educated physicians throughout the civilized world; and to-day adopted and practiced by one-half of

the educated and refined throughout the land, it is not strange that the profession was startled by its announcement, and it is not strange that a system of improvement in medical science, so radical, should call forth bitter opposition, and share the common fate of all the valuable discoveries which had preceded it. Galileo, Harvey and Jenner, met with more violent opposition than did Hahnemann, when they first proclaimed what all have since recognized as truth.

But truth is undaunted and is now taking tangible form, and is destined to revolutionize the world of science. We need have nothing to fear from our conservative brethren. All great truths develop slowly, and are cautiously received. If our law of cure is based upon God's immutable law of truth, it has nothing to fear, but will grow faster and stronger from all the opposition it encounters.

"Truth crushed to earth will rise again :

The eternal years of God are hers ;"—

Dr. S. M. Cate, of Salem, gave the following address of welcome to the foreign gentlemen present :

It gives me pleasure, in behalf of the Essex County Homœopathic Medical Society, to welcome our English friends to this our annual field day ; and at the same time to extend our welcome to our visitors from other parts of our own State and from other parts of our common country. We take you, one and all, cordially by the hand, and assure you of the heartfelt pleasure it gives us to meet you here to-day.

It may seem to some a strange thing to have such a gathering of homœopathic physicians as we have here to-day. For thirty years, to my knowledge, we have been told that homœopathy was dead or nearly so ; that it was dead in England ; dead in France, in Germany, and in other continental countries ; or, if not dead, it was nearly so, and fast dying out in all places ; in fact that this new system of medicine was on its last legs in all countries. It seems as though our allopathic medical brethren had long been prepared with mourning, ready to attend the funeral of our much loved science, and in constant expectation of performing the last sad rites for it.

Dr. Austin Flint, in a paper upon the "Medical and Sanitary Progress of the First Century of the Republic," goes over the ground to notice the medical discoveries of the last hundred years, in this country, making proper mention both of those originated here, and those brought here, that have been cultivated by the medical profession of this country. Though his paper is filled with valuable information, not one word is said of the discovery of the law of cure by Hahnemann, or about the provings of medicines upon the healthy, which was developed and brought to a practical form by the same medical discovery.

We would have Dr. Flint know that the Essex County Homœopathic Medical Society has thirty-two members; that there are four hundred homœopathic physicians in Massachusetts, seven hundred in New England, and over five thousand in the United States. We would have him know, further, that there are eight Homœopathic Medical Schools in the United States, at which two hundred and forty-six students were graduated this year. Homœopathy is a School of Medicine, with a medical literature of no mean proportions, having hospitals as well as Medical Colleges, and is working out the great problem of a new and reliable system of therapeutics. It has achieved discoveries, practically useful in the cure of the sick, of much larger proportions than have been realized by the discovery of vaccination by Jenner.

Hahnemann applied the law of cure to the treatment of Asiatic cholera, and showed the world, for the first time, the proper remedies for its cure. Since the application of this discovery, in the treatment of this disease alone, more lives have been saved than have been by vaccination. For it is to be known that *Cumfhor*, pointed out by him as the remedy for the first stage of this disease, has, in the hands of the old school of medicine cured an immense number, and if we add those who have been cured with the remedies adapted to all stages of this disease, the cures are numbered by millions; and yet Dr. Flint has not credited the improvements homœopathy has brought to medicine.

Dr. Flint attempts to slay us all, men and system, with

his silent contempt. Not one word is said of Hahnemann or of homœopathy by this truthful (?) chronicler of the medical discoveries of the last century.

Now, you will all bear me witness that we are not dead ; that our cause is not dead ; that our constituency is not dead, nor unmindful of our good offices. Many attempts have been made to destroy homœopathy by misrepresentations ; by false issues ; by persecutions, and social and professional ostracism ; but all have signally failed. Silent contempt will prove equally ineffectual to destroy homœopathy and its practitioners, as Dr. Flint might judge from this small showing here to-day. Neither can be easily killed. When the central influence of principle, deeply fixed in the mind and heart, moves men with the deep conviction and untiring zeal which belongs to the disciples of Hahnemann, we may be sure there is with it a vitality which comes from above, which neither the machinations of hate nor the cunning of self-interest can destroy. It is the operation of these convictions that has brought together here to-day, in this good County of Essex, men from England, men from New England, and from the Middle States of our own country, and when I welcome the men, I do so much the more welcome their principles.

In explanation I would say, that New as well as Old Englanders are said to carry a somewhat cold exterior, and are slow to give confidence or express emotion ; but with both, under the outward reserve, beat warm hearts ; and when the channels of affection are opened, there wells up as warm a stream, with as constant a flow, as can be found in any race under the sun.

To-day we attempt to lay aside these cold formalities and lay bare the heart ; and if something of dignity, of etiquette, or even of medical ethics, suffer in the stripping, we toss them to the winds, and unbend for full social refreshment and repose. There may be some awkward steps in the first attempt, but let none fear ; when nature has asserted herself in the realms of recreation, we can return to the dignities of life, and keep the accustomed forms as before.

Sep-2

While we thus unite, for the time, in social intercourse, we do not forget that we have a common cause for which to work, whose prosperity is our happiness. Perfecting the means for the more successful cure of the sick, rests upon us all alike. In prosecuting this work, we have a common brotherhood; and we have a cause broader than the boundaries of countries and more enduring than our most stable mountains.

In response to a toast to England Dr. Richard Hughes of Brighton, England, said: "Since we came over here, we have several times said jokingly to each other, that we have received a warm welcome in this country. There is warmth in the external temperature, and equally as much in the internal temperature of your hearts. I feel quite sure that the welcome has been so cordially extended largely because we came from England, your own Mother Country. We are not foreigners; we are your brothers. You left us to settle here, to make your homes in this new land; we came to visit you, and from none have had a warmer welcome than from you all to-day. I have listened with great pleasure to the address and to the poem. The good time written of in the latter, is what we anticipate and what we believe will come. Homœopathy here is a marvel to us. There are only as many practitioners in all England as in New York and Brooklyn alone, four or five hundred; and I go back with the brightest hopes for Homœopathy." He closed by saying that the two grandest things he had seen in America were Niagara and Homœopathy.

Drs. Hayward and Clifton followed with characteristic speeches. After which there was no end of speech making, singing and music generally. Dr. A. M. Cushing produced an original poem full of capital points. It was a vision worthy the dreamer and the occasion. Next year if Dr. Morse sends us an invitation, there being no Centennial to interfere, we will certainly be there in spirit, if not in fact.

Theory and Practice.

Nurses and Care of the Sick. By Dr. Ada B. Falley, Lafayette, Ind. Read before the Indiana Institute of Homœopathy.

The care of our sick and its best attainment is the theme which has received, and is worthy of, the earnest thoughts and labors of some of the best minds of the age. A matter fraught with so much of interest to each and every one, well deserves a place near our hearts, and the noblest efforts of our lives.

The subject has been discussed at various lengths, from time to time, by practitioners and friends, and not infrequently with great warmth by the outraged patients themselves. And who can wonder, that is at all conversant with the ways and means of the legion of mislabeled "nurses," especially in the past, before the establishment of the schools for their instruction and practical experience! These, as they increase in numbers, reduce the excuse for incompetent, inexperienced helpers in that holiest of all sanctums, our sick rooms. The lethargy of friends concerning the care of their loved ones, during their times of trial or of danger, has amounted almost to neglect. Yet who of them would not lift their hands in horror, unspeakable, at the mere suggestion of such a term. How many instances are to be met with in the experience of each physician, when the bitter grief of near ones, during the last sad rites seems but an utter mockery in the knowledge we may have of the case, or rather lack of it, received during sickness. It is indeed high time to draw off our gloves in handling this matter, and deal with it earnestly, sincerely and practically.

Abler pens than mine have presented this subject to the consideration of the interested, and in this brief paper we can scarcely think to discuss so important a topic completely. Some of the crying evils, however, may be mentioned, and

each of us can endeavor, practically, to abate much we dare not hope to entirely remedy.

The most prominent important requisite in caring for the sick, is a love for the work. Having this, all else may be acquired; indeed, may seem but the spontaneous outgrowth of it. It is our firm conviction, that like poets, "physicians and nurses are born, not made," and the best manufactured specimen of either class, can never compare with even the crudest of the simon pure article. The innate tact so essential in this branch of therapeutics, can never be counterfeited to compare favorably with the genuine. Organizations differ in sensitiveness, and extremely delicate ones will soon detect and notify us of the distinguishing differences, even though not to the ordinary senses discernible. The manufactured, or inferior article, can not be imposed upon them with any degree of success. When called to a sick room, and there find the nurse or attendants with creaking shoes, endeavoring to break their "soles", and try that of their patient conjointly, we too often feel like ejecting them, with a manner more energetic than gentle, and bidding them to regulate their so(u)ls, both physically and psychologically before resuming their duties. Hustle and bustle are evils valuable only in their entire absence from the sick room.

Good natured or well meaning suggestions have become a source of great annoyance to all occupied in the care of the sick, and the one, perhaps, which occasions so many mishaps in practice. The very fact that these suggestions are well meaning rids them of none of their venom. Of course a good nurse will stand unquestioningly by the "*ipse dixit*" of the attending physician. But alas! that there are not this day more courageous nurses by our sick beds.

Whispering in the presence of the sick has most probably received its full meed of censure at the hands of all writers on "Sick Room Tactics," and for the best of reasons, too. That in cases of extreme danger, and frequently, too, in others, when the brain of the invalid is excessively sensitive and active, whispers excite suspicion, or shock the nervous sensibility. This has been so frequently and ably discussed, that

it is a consummation devoutly to be hoped, that that nurse or person does not exist who is not thoroughly posted regarding its unhappy effects.

Rustling garments are to be placed in this same category of nuisances, and no nurse, of even ordinary merits, will be so guilty of a breach of proprieties as to wear them during attendance on the sick.

Light, ventilation and temperature of the sick room, are matters regarding which, it is very essential every nurse should be posted. Although regulated at intervals by the physician in charge, still much of the time it falls to the lot of the attendant to sustain or alter these regulations, as new phases in the course of the disease may develop themselves, or the better judgment dictate.

Disturbances of all kinds should be sedulously avoided in the sick room, or, if possible, within the hearing of the patients, nor should anything that will harass or annoy them come to their knowledge. Even matters which in health would not disturb their equanimity, are to be carefully excluded in greater or less degree, to be governed by the intensity of the disease and the sensibility of the sufferer. At least here should be peace and rest. Food, clothing and bathing are all important in their relations to the sick, and the more thoroughly acquainted nurses are with the various departments, the better adapted will they be for their labors and the more successful in carrying them out.

The æsthetics of the sick room would seem to occupy so prominent a place in its management, that we are often shocked at the wholesale way in which it is disregarded. An invalid who had been housed for some time, asked the attendant, "Are all the tea cups in this house cracked?" "Why, no. What put such an idea into your head?" "Nothing, only I have seen no other since I have kept my room." Upon investigation it was found that that identical cup had found its way with each successive meal to the sick room, simply because no one had taken pains to exchange it for a sound one, or replace it with a pretty one. It would seem from observation, to be the chief endeavor of the greater portion of our

nurses, professional and otherwise, to render themselves as detestable as possible in the eyes of their "victims," by wearing their ugly frocks, black most generally, too, unrelieved by aught to please the eye, or gratify the inherent love for the beautiful. This state of affairs seems only to be exceeded by the doleful cast of countenance with which they drag around on their errands of service. Of the reprehensible crime of converting sick rooms into dungeons, it is certainly not fitting, nor complimentary to any of us, to more than allude in passing, as that indeed, belongs to the dark ages, and has undoubtedly departed with them into the shades of ignorance, superstition and bigotry. Light! light! give us light.

Cleanliness, that royal virtue akin to godliness, is indispensable in every thing appertaining to the invalid. But the person of experience must be cognizant of the fact that ideas of cleanliness are as wide and diverse in their range as the views of the persons from whom they emanate. This is lamentable, and can only be remedied, if at all, by each practitioner establishing a standard, and noting that subordinates adhere to it implicitly.

The general knowledge of the attendants upon the sick, has much to do with their efficiency as nurses. The one who keeps posted with the times, is "up" in all the new and best appliances for rendering assistance to the invalid, or of making their stay in "durance vile" more tolerable; who is of a firm, but at the same time gentle disposition, will be the one anxiously sought after by the friends of the sick, and cordially welcomed by the patients themselves.

In closing this imperfect treatise on the care of our sick, and as a brief, comprehensive summary, we would remark that one fact is patent to all: That the higher culture, the gentler nature, the more extensive knowledge, only render the possessor the more worthy of ministering at our sick beds, which all too often prove to be the very Gate of Heaven.

A Diagnosis Found. It was Hysteria.*

Will Dr. W. S. Mullins be kind enough to read in Charcot's "Diseases of the Nervous System," the last chapter on hystero-epilepsy, and the diagnosis will be made clear to him. Charcot diagnoses here strictly between *epileptic* and *hysterical* (Louyer,) *i. e.* hysterical fits, simulating epilepsy. (2.) Hystero-epilepsy, a combination of hysteria and epilepsy, which Landoagy subdivides into hystero-epilepsy, with separate fits, a crisis distinctor, where epilepsy may be the primary disease, and hysteria develops itself afterwards, mostly at the time of puberty from some cause, especially from psychical emotions, or the hysteria may be the primary, and epilepsy the secondary morbid state, which is more rarely the case. (3.) Hysteria and epilepsy may appear and develop themselves simultaneously, hystero-epilepsy, a "crisis combiner."

Symptoms of hystero-epilepsy: First. The combined fit keeps up its peculiar character from the start. Second. The aura has its seat in the abdomen, epigastrium, never in the head or extremities; we never meet epileptic vertigo. The abdominal aura is of longer duration, and compression of the ovary frequently modifies the fit. Third. The tonic stage has a great deal in common with epilepsy, but the clonic stage is perfectly hysterical. But even the tonic stage is, as it were, more outspoken, so that it is nearly a semi-tetanic stiffness, in fact, the tonic and clonic spasms are like every thing hysterical, in a superlative mood. Fourth. Sighing, weeping, crying, etc., finishes the fit.

Epileptiform hysteria, even when lasting for years, never leads to dementia; the intellect remains the same. The tonic, epileptiform convulsions in hysteria during a whole series of fits (fifteen, twenty and twenty-four hours) differ thermometrically from true epileptic convulsions. In the latter the thermometer rises considerably, and the rise may keep on for some time from meningitic or apoplectiform congestion, and

*Vide Medical Advance, Aug., 1876, page 180.

may lead to paralysis and in some cases even to death. The period of paroxysms in hystero-epilepsy may last for months, and still the thermometer never rises above 38.5°C. , and the concomitant general state of health fails to show any grave symptoms, although nutrition may suffer somewhat.

Dr. Mullin's case is a clear one of hysteria, it does not even come up to hystero-epilepsy; every symptom is decidedly of ovarian origin, and as the case, in spite of ten year's allopathic medication, still hangs fire, the question is, can Homœopathy do better? It would be risky to promise too much, as neuroses often become habitual, and thus obstinate to all treatment. How would it be if the doctor would take the last symptom? The grief is the first point of attack, and then study and apply his ovarian remedies. Let him study Hering's Analytic Therapeutics, page 86, and he will find *Causticum*, *Lachesis*, *Lycopodium*, and others promising well. Find out all antecedents in the case, as for example, whether she had convulsions as a child; whether her parents and antecedents were healthy, and the totality of the pathological state will indicate surely the simillimum. At any rate we consider the prognosis doubtful.—S. L., New York, Aug. 1st.

Epidemics. By F. W. Barker, M. D. Read before the Indiana Institute of Homœopathy.

Epidemic is such a disease which may be transported from one place to another.

The cause of epidemic may be what is termed endemic; such are, although not common in our zone, but may appear so. These endemic diseases are in opposition to epidemics.* The cholera is in our latitude an epidemic. In St. Petersburg,

*The yellow fever is endemic in New Orleans and Memphis.

Russia, although situated $61^{\circ}48'$ this disease is endemic. The peculiarity of endemics is that they appear in certain seasons of the year.

One should not exchange epidemic with contagion, which is a communication of disease by direct contact of individuals, or not a disease of a cumulative character, such that attacks a number of persons accidentally, one independently from another is victim of the same disease. One whole family having diarrhœa, caused by drinking foul water out of a neighbor's well, may be called a cumulative disease.

There is also a difference between epidemic and miasmatic diseases, as the latter is not transported and dependent from noxious effluvia in certain parts of the country, for instance, the intermittent fever.

The root of epidemic may be sought in organic bodies of a subordinate character; these are fungi. They are so small that chemically they can not be perceived, only through microscopic observation are they visible, although not to a certainty. They are not dead chemical connection, but organic bodies which possess the qualification to increase themselves.

The condition under which epidemic diseases are extended are known to be of different character. For example typhus dysinteria, scarlatina, variola, etc., etc. Although there is a great difference in the above named, there is in all of them one fundamental peculiarity by which they appear. They are all spread by transport, either through human beings, their dress, or goods, even by letters.

Such part of transportation may also be enacted through the air (wind) and thus epidemic diseases appear in parts of the country, while others, in between sections, are left without.

An epidemic will spread with great force where there are over filled and dirty rooms, poverty, bad managed premises, sewers of bad construction, and foul water is used.

Also the strata of the earth are local dispositions. Houses on hard, solid foundations, are not as liable to act as an agent for epidemics, as those which are built upon soft, sandy bottom. Water has much relation with many epidemics, as it is the case with the cholera and typhus. Epidemics have, at

times, entirely disappeared and diseases of a new character taken their place.

Such as the pest and plague were the terrors of ancient times, and the last of these was observed at the close of the last century. *Febris recurrens*, *febris cerebro spinalis*, are new kinds of diseases.

State and community are under obligations to try and prevent these epidemics being transported. This partly is managed by means of the quarantine. Men, animals, vehicles, goods, coming from a country where an epidemic is prevailing, are subject to this institution. Although this only partially remedies this evil, and therefore all goods must be wholly disinfected by *Chloral gas* before sent. While an epidemic prevails, much can be done by the sanitary commissioners to stop its spreading by prompt disinfection of the premises, by removing the diseased parties, disinfecting their clothes; also, good healthy food; restrained from visiting public amusements, dances, etc. Also, by distributing books and writings pertaining to rules for proper protection against such prevailing diseases.

Iodide of Arsenic. From the Manuscript of *Materia Medica*,
by I. G. M. Goss, M. D., of Marietta, Ga.

The sphere of action of this new compound of *Iodine* and *Arsenic* is quite decided, when given according to its characteristic indications. It is indicated in diseases of the mucous membranes, characterized by a peculiar and persistently irritating, corrosive character of the discharges. And there are many diseases of the skin, characterized by this irritating nature of the discharge, in which this remedy will prove positively curative. In ulcers with a fœtid, acrid discharge, the

Iodide of Arsenic is the remedy. In catarrh or influenza, with alternate chills and flushes of heat, this is one of the most certain remedies that I have ever used. In scrofula with constant susceptibility of taking cold, where the nares excoriate and the lips are swollen and scabbed over, this remedy will act as no other remedy has ever acted for me.

I had a case recently, of scrofula, in which the glands of the neck, especially the submaxillary, were very much enlarged, and the whole system exhibited the scrofulous diathesis, and the patient was troubled with frequent attacks of catarrh. By the use of alteratives, I removed all traces of the glandular disease, but his unusual liability to take cold still remained, and he was much troubled with catarrh, with profuse discharges from the nares and trachea. After failing with all other remedies, I put the patient upon the *Iodide of Arsenic* in small doses, which gradually relieved all traces of the mucous irritation, and the patient regained his usual health at once.

In that grave form of catarrh, called "Epizootic," in man or in the horse, this will be found the remedy. In that form of catarrh called hay-fever, (*catarrhus æstivus*) where the patient is liable to frequent attacks through the summer, this is the nearest to a specific that the materia medica affords. It has cured cases of years standing. In old chronic cases of nasal catarrh where the discharge becomes bloody and fœtid, and scabs and pus are discharged from the nose, and the irritation extends to the throat, the *Iodide of Arsenic* continued for some time, together with the use of a douche of glycerine and water, effectually eradicates the disease.

In chronic, scrofulous ophthalmia, with ulceration, this is one of our best internal remedies. In otorrhœa, with fœtid, corrosive discharges, *Iodide of Arsenic* is the proper alterative. In leucorrhœa with corrosive discharges, associated with ulceration of the os uteri, this remedy, with proper local treatment will prove successful. In the malignant form of diphtheria, scarlet fever and small pox, and any other disease, where there is this peculiar retrograde tendency, character-

ized by foetid and corrosive discharges, the *Iodide of Arsenic* is the remedy.

[Prof. Goss is a distinguished teacher in the American Medical College at Macon, Ga. Considered from his standpoint as an Eclectic, his study of the foregoing drug is a great advance in the right direction. But how much it falls short of the highest knowledge to be obtained of the true sphere of action of the drug can only be seen when we compare what he has written with the pathogenesis to be found in Allen's *Materia Medica*. It is a pleasure to know that Prof. Goss is teaching *materia medica* so much better than his confreres of the eclectic or any of the allopathic schools. The direction in which he is moving is the right one, the distance he has moved is but the beginning of the journey he is destined to take. We hope to hear from him again.—Ed.]

General Clinics.

CLINICAL CASES BY O. J. LYON, M. D.—CASE I. Chills and fever; female, aet. twelve; had suffered some years; been treated by all the heroism that could be found; at last she came to me. I put her on *China* 30, one dose in four hours, given previous to, and during paroxysms; she was shaking every day. No more chills after taking the first dose, now some two months.

CASE II. Male, aet. twenty-four; paronychia left hand; lost four night's sleep; hand badly swollen; great pain. Gave *Hepar sul.* 3d, one dose in three hours; *Mer. v.* 30 at night. Cured in one week.

CASE III. Female, aet. thirteen; noct. enuresis. Learned she suffered from an accident some seven years ago, by chamber vessel breaking while she was sitting on it, although

the wound was healed up smooth, past discovery. I followed other well tried, though ineffectual remedies, with *Arnica* 3d, one dose in six hours, when the trouble vanished in four to seven days.

CASE IV. Male, aet. ten; troubled with a cough which came on in winter every year; could not ascribe any cause; been troubled five years. Gave *Carbo. veg.* 30, one dose per day for five days. Has had no return of the trouble, now eighteen months past.

CASE V. Male, aet. eighty-four; pneumonic trouble; coughed up a great deal, as though in last stages of phthisis pulmon. Main symptom felt as if he could not draw full breath, and pains on inspiration like the lung was being torn apart. Gave *Bry.* 2d, in 83 water, teaspoonful three times per day. Did not see how he could live, and his friends had given him up; in four days he was cured, and now rides out on horseback to look at his lands, and says he feels better than he has for months past.

CASE VI. Called seven miles to see child eleven months old. Found it fretting and crying all the time; pale, but well enough otherwise. Gave *Sac. lac. pulvis*, one dose each two hours, and ordered it fed on cow's milk two parts, to one part water, sweetened slightly. Cured in three days. Key notes were, mother was excessively nervous, and her milk was much deteriorated. Now ten days past, and child getting fat and hearty.

I would just say that I picked up "a cure" from some of the wiseacres about here, for ague, which is this: *R. Egg shell*, pulverized finely, a teaspoonful mixed up with molasses, taken upon going to bed. Used it in one case with success, but gave the *Calc.* 30, to hold it sure. Query: Why not use the *Calc.* at once, without the adulterated eclecticism?

I would ask the profession, if we can cure or remove chills and fever without calling in the aid of our alkaloids? It seems strange that in some cases our 30th or 200th of *China* or *Ars.* will remove it, while *Quinine* gr. one-sixth each two hours will cure it for a specified period. Would it be better to prescribe for the cause, or to attempt removing the present morbid

condition, whether of malarial origin, or complicated with *Quinine cachexia*? It would seem proper, if not necessary, to remove present troubles, and if the patient is under the action of *Quinine* (and where is there one who is not at such a time) to prescribe for a case of medicinal poisoning, and then attack the cause afterward, if it be not removed in the first instance. However I ask your opinions on the subject, and I shall stand ready for correction.

IMMEDIATE DRESSING.—The other day after I had dressed a fractured leg in your presence, a member of the class asked me, "What was the best time to put up such fractures?" My answer, you may remember, was, "The earliest possible moment after the bone was broken. The sooner the better." And now, after weighing my experience in such cases as carefully as I am capable of doing, I wish to add this to my reply on that occasion: Dress the fracture, if you can, on the spot. Do not, if it can be avoided, have the patient moved a single foot from where he received the injury, for he can undergo no movement of the limb without augmenting his pain and increasing his risks —D. W. YANDELL, M. D.

A German nursery maid, aged twenty-four, has been suffering, at every monthly period, intense agony, partly from headaches, but chiefly from painful menstruation. Her sufferings have lasted from puberty (eight years.) She consulted a lady physician in New York, who diagnosed retroversion of the womb, which, I make no doubt, without examining her, is perfectly true. But displacement alone is rarely the cause of the pain, as the pain is generally removable, although the displacement may remain.

The headaches and a burning, drawing pain in the middle of the back, which was constant; with canine hunger, worst at 11 a. m.; great thirst; hot flushes of the face at times, and weakness of the knees, as if she would sink, were removed in about a month by a globule of *Sulphur* 3d once a day. The agonizing pain during menstruation remain unmitigated, and resisted several well directed means of relief, among which

may be mentioned *Belladonna*, *Coffea*, *Pulsatilla*, *Sepia* and *Sulphur*, all in the thirtieth potency. Once only in three months was it relieved by *Nux vomica* 200. I was first consulted on the 7th of December, 1874, and, although her general health was greatly improved, it was not until April, 1875, when her headaches returned, that I observed she was very irritable when spoken too, both before and during the flow of the menses. Ill humor, both before and during the menses, corresponds to *Causticum*, *Chamomilla* and *Chloride of Magnesium*. I had little difficulty in selecting *Chamomilla*. One week before menses, when her irritability begins, she has pains like those of labor, always in the morning before breakfast, with sickness and vomiting of her meals. Headache, with throbbing in both temples, with a bursting feeling in vertex, relieved by pressure and cold; aggravated by reading, by bright light, and by looking at an object fixedly. Her sufferings eased off generally on the second day after the flow was established. Eight years of the most intense suffering, as above described, was brought to a close; cured by *Chamomilla* 10m, in three doses or globules during the period, having been preceded by *Chamomilla* 3d, one globule every night during the interval. This case is extremely interesting, as showing the importance of mental or head symptoms over bodily ones. Had it not been that I observed the impatience and extreme irritability of the young woman at the time of her menses, I could never have succeeded in curing her, as she stoutly denied that she was ever irritable. In truth, she was not at all aware of it, like most people when in a temper. Her mistress had also observed it only when her period was approaching, and the first two days. Such cases are perfectly incurable, except by chance, unless the mental or moral symptoms are covered by the medicine. What could incision of the cervix, or rectification of the uterus, or dilatation or any local or mechanical mystification do in a case of this kind? And they are exceedingly common, as my short experience of Homœopathy teaches me.—THOS. SKINNER, M. D.

PHOSPHORUS IN NEURALGIA.—*Phosphorus* is a remedy little, if at all, employed by the regular practitioner in cases of Neuralgia, though I believe frequently exhibited by the homœopath. A case, however, came under my notice some time since, which so strikingly illustrates its value as to induce me to record it.

A gentleman who had for years suffered acute and frequently recurring paroxysms of Neuralgia of the chest walls, applied to me for advice. I found that he had been a regular round of London and provincial doctors, and that every plan and remedy appeared to have been tried. I failing as signally as my predecessors, he sought aid of a homœopath, and was relieved in a very short time. I lost no time in ascertaining the remedy which had worked so speedy, and as it proved in the sequel, so permanent a cure, and found that it consisted of *Tincture of Phosphorus*, of which he was ordered to take five drops. Not only was the pain relieved, but the frequency of the attacks was lessened, until from suffering a seizure two or three times a week, as he had for some years, he has now been entirely free for more than four months. Since the occurrence of this case I have frequently employed *Phosphorus*, and have often found it of signal service in curing Neuralgia; especially, it has appeared to me, in those subjects who add to a highly nervous temperament some cause of nervous waste; so that I have considered it probable that Neuralgia has, indeed, in these cases been as Romberg styled it: "The cry of the hungry nerve for blood," or rather for its own special pabulum in the blood, and that the *Phosphorus* has directly supplied this want. I have also employed pills of *Phosphorus* melted in suet and coated, a preparation recommended by Squire when *Phosphorus* is indicated.

S. M. BRADLEY, M. D.,

[This case, as reported, represents a curious and common phase in the medical ideas of to-day. The writer, no doubt, sincerely believes that his theory has much to do with the action of the drug. His pathology is very pretty, we can't say more than that for it, but how true is it? How can he ever prove it? What good will it do even if he could? which indeed he cannot. Suppose a more plausible theory were to be invented, wouldn't the medicine act all the same? Wouldn't

the indications be the same in either case? It's a pity medical minds are so bewildered over so simple a thing. The fact is unanswerable. The *Phosphorus* cure, but the pathological theory is pretty, that's all. —ED.]

Book Notices.

Micro-Photographs in Histology, Normal and Pathological. By Carl Seiler, M. D., etc., etc. J. H. Coates & Co., Philadelphia. Price 60 cents per number. Published monthly.

The advent of this novel publication we noticed some months ago. We have now the first three numbers on our table and can truly say they are admirable views and so clear and striking that they are worth whole volumes of verbal descriptions. We have in these numbers views of, 1, the skin; 2, epithelioma; 3, pavement epithelium; 4, endothelium; 5, connective tissue (elastic); 6, scirrhus; 7, connective tissue (non-elastic); 8, connective tissue corpuscles. The entire numbers will make a splendid, unique and valuable work.

Therapeutics of Tuberculosis or Pulmonary Consumption. By Wm. H. Burt, M. D., author, etc., etc. Boericke & Tafel.

We are sadly puzzled, we must confess, at the outset of our examination of this work, by this medical equation which we find on the title page. The author means of course that *Tuberculosis* = *Pulmonary Consumption*. Now if that be true, was it not pedantic in him to say so? His readers are professionals, not laymen, and so they needed no explanation as to the meaning of Tuberculosis. It was, however, very considerate in him if he feared they would not understand the term. But now suppose the equation was false and that according to modern pathology, tuberculosis and pulmonary consumption are not

equivalents in a technical sense, would it not leave our author in a sad plight?

In the first paragraph of his Introductory we are told that "more than one-eighth of the entire mortality of the human family is due to the fatal ravages of tuberculosis. It is therefore not only the most frequent of constitutional, but also the most common of all diseases. With these facts before the physician, it behooves him to make its treatment a life study." We might stop to enquire how, in such a case, we might be expected to get along with the other seven-eighths? What are we to do with syphilis, scarlatina, small pox, etc., etc., whose combined "fatal ravages" are seven times larger than those of "tuberculosis or pulmonary consumption?" Has a doctor nine lives which he can give, eight of them to the study of disease, with one left for ease and comfort? And we modestly beg to enquire, what are we to do with the pathology of this disease if we make a life study of its treatment? If the author has made a blunder in the construction of his title page in consequence of his want of a knowledge of the pathology of tuberculosis, had we not better modify his recommendation and include pathology with treatment and have them both carefully studied? This is an important suggestion to those who propose to write books on medical practice, and boldly announce that they ignore an essential part of the subject while they offer us grave and final conclusions upon other parts. A half of a loaf is undoubtedly better than none, but it doesn't follow that a half of a book is even good for anything, or a book upon half of a subject is worthy the name of a text book.

The writer then goes on to give us a "catalogue of *distinct characteristic symptoms* of pulmonary tuberculosis: 1, General atonic condition of the body; 2, Emaciation; 3, Debility; 4, Hæmoptysis; 5, Cough; 6, Asthma; 7, Hectic Fever; 8, Night Sweats; 9, Aphthæ; 10, Diarrhœa; 11, Pain; 12, Bed Sores. He then adds "The pathology of the disease has been entirely omitted, it being so fully written up in our works on pathology, which are in the hands of every practitioner." If this be so, under what head does this catalogue come? It looks like a combined nosological and symptomatological arrangement and "every practitioner" comparing it with his "works on pathology" will pause to enquire, what is the difference between "General atonic condition of the body" and "Debility?" And how is it that asthma has fallen from its high position as a specific form of disease, to a mere symptom of pulmonary tuberculosis? What has become of asthma as formerly understood? The author is mistaken when he says he has omitted the pathology of the disease. No man can write such a work and not expose his ideas of pathology. All through this book are scattered statements which show that Dr. Burt is not fully posted in this branch

of medicine. The jumble of his Introductory and the glaring mistake of his title page most seriously mar an otherwise acceptable and valuable book. The writer or his printer is careless in the use of proper names. Who are Holcomb, Mayhofer, Ingles, and O. P. Baehr? The gentlemen intended by these designations will hardly recognize themselves in print. But the great fault of this book arises from the fact that the author is not a diligent reader of current literature. He has extensively rehashed old authors. He has seen something of two medical journals and has ignored the rest or has found in them nothing worth quoting. It would seem that in a new work on consumption he might have avoided a repetition of Baehr, Hitchman, Buddock, Meyhoffer, Marcy and Hunt, etc., etc. These we have already. What we want is something more, not the same. Books in this way can be multiplied without number and our income spent in purchasing what we already possess. Dr. Burt's work is excellent in many ways, it is worth having, but it is not worth while encouraging such hasty and imperfect making of books. In another edition this can be greatly improved and so made much more acceptable.

Silver Wire Sutures in the Cæsarian Section. By S. S. Lungren, M. D., Toledo, O.

The author after a brief discussion of the physiological action of the uterine walls proceeds to detail a case in which he delivered a patient at full term by abdominal section, closing the uterine gap by silver wire sutures. The operation proved a success, the patient resuming her domestic duties in five weeks and continuing in perfect health to date, being over one year. The case reflects great honor on the doctor, and all will accord him superior skill as a surgeon.

Construction of Hospitals. By D. H. Beckwith, M. D., Cleveland.

This is a reprint from the Proceedings of the American Institute at Put-in Bay. It is an excellent monograph on a subject of great importance and besides being amply illustrated, it is written with commendable brevity and clearness.

Miscellaneous.

That Poor Young Doctor.

In the May number of the CINCINNATI MEDICAL ADVANCE brother Wilson loosens his untamed and tragic muse. It is not often a doctor bestrides Pegasus and still seldomer that he does so to much purpose. Dr. Wilson is exceptional in this respect, for he has given us a real charming little poem. Unlike too much modern poetry of epic pretensions, "the romance of a poor young doctor" is singularly innocent of those hyperian infractuosities so much affected in the orient of America, and so execrated by people of common sense.

Guiltless as the poem is of turgidity, constraint, ambiguity, etc. in style, and as it is free from the minor errors of composition, we could wish our author had not endowed his hero with the impossible capability of reading several million pages of dry medical literature in one short year. Consistent as the ludicrous denouement may be with the serio-comic spirit of the piece, this print absorbing capacity outreaches credulity, and casts a haze of suspicion over the whole business. Who ever wrote anything—above all a poem—in which some hypercritical ninny did not affect to see faults? No doubt the author had a purpose in putting it thus, which has not yet dawned upon our rude perceptive.

It is impossible not to sympathize with the poor young doctor, although he deserves all his troubles for being a doctor. Naturally, we wish the lonely young homœopathician had possessed an entomological turn, so that he might have broken the monotony of his jejune life with bug hunting, for no other employment on earth is so horridly arid as that of running down the infinitudes of homœopathic pathogeny. The idea of a nice young man saturating his blessed brain with the microscopics of homœopathic provings in the vertical, ob-

lique, lateral, transverse, concave and concentrated style described in the poem is too cruel to think of. Perfect consistency would have demanded his death by cerebritis or suicide within six weeks of the momentous epoch at which he unfurled his shingle. However, the conception served the author well, in illustrating how much an infatuated youth may endure for an ideality, to die at last—by mistake.

Altogether the doctor has given us a charming little dithyrambic for which he deserves the applause and thanks of all readers of taste.—*Medical Review*.

Blood is Bread.

Some time since, in *The ADVANCE* we noticed the fact that in this city, blood drinkers were on the increase. Since that a running discussion has been kept up in our daily papers. The latest of these is by "Hæmophile" who writes:

It is not at all surprising that there should be some popular prejudice against the ingestion of blood as food. Like the horror of snakes, but without the same foundation, is the horror of blood, and both superstitions have the same origin: "But the blood thereof, which is the life thereof, shall ye not eat." Religious fanaticism, which accepts every regulation without question or comment, has secured to this day a scrupulous observance of this rule, and pseudo-scientists have not been lacking in all times to discover for the incredulous satisfactory reasons for its continued observance. In Hindostan all animal food is forbidden except cow's milk. So to keep up an abundant supply of this fluid the cow is sanctified, and its destruction is a crime against religion. The edicts of Moses protected also the organs of generation. "Lamb fries" was an unknown dish among the Jews.

Aside from the prohibitory regulations of the various creeds of religion there is urged against the utilization of blood as food the following reasons: First, that it is nauseous to the

taste; second, that it brutalizes the character; third, that it breeds *entozoa* (animal parasites).

Now as to the first of these reasons, it is proverbial that concerning taste there shall be no dispute. This is a proverb in every language. There are those who keenly relish the taste of blood from the first sip; dainty, delicate, even fastidious consumptive patients at that. The *bonne bouche* of chlorotic girls is a slate pencil. Pregnant women fancy chalk, charcoal, brickdust, ashes, dirt. Montgomery relates the case of a lady who conceived an insane desire for a bite out of the fat shoulder of her butcher. She would have become insane without it, had not her husband succeeded in its purchase. Taste is mostly a matter of habit. The Roman garum, the most celebrated sauce of antiquity, was prepared from the half-putrid intestines of fish. *Assafœtida* was a relish among the Romans, as now among the Tartars. A rotten egg, especially one including a dead and decomposing chick, is more than a fresh oyster to the Siamese. Limberger cheese is *mana* to the genuine German; rancid oil, nectar to an Esquimaux, and pickled olives—which an indignant and irate countryman could not be dissuaded from believing to be urine-saturated plums perpetrated on him as a joke—are keenly relished by all true epicures. The taste for many delicacies has to be acquired by most people. I may instance oysters, tomatoes, asparagus as familiar examples. The taste for the commonest articles of food has to be acquired by the newly weaned child. Blood, with its salt, and its sugar and its fat, has a delicious, rich, creamy taste when quaffed fresh and warm and full of life, as it flows. It tastes better than beer.

To claim that the drinking of blood brutalizes is a mere assumption. Blood is the very quintessence of nutrition. All the food we eat is of no account to us, so far as the repair of tissue is concerned and the production of force, until it is first converted into blood. All the food we eat is still outside the body, the real body—the nerve cells, muscle cells, bone cells, etc.—until it is converted into blood. Too much blood may brutalize, like too much food, for a glutton is a brute.

"Fat pouches have lean pates; and dainty bits
Make rich the ribs, but bankrupt quite the wits."

But there is no more argument here against blood than against milk. When blood is ingested it is digested like every other food. It is one of the blandest articles of aliment. It does not irritate the stomach or the intestines. It is nothing but water—albuminous matter and salts. Shall a man stab a cow because he loves milk, or a fellow man because he loves blood? How can any physician claim that blood will brutal-

ize? Show us an example! Not food, but the want of it, makes a man a brute.

Third—That it breeds entozoa. Let the individual who advanced this idea show upon the written record a single case. The larva of the tape worm has never yet been demonstrated in the blood. It is supposed, and with good reason, that it is by means of this current that these parasites reach the various tissues in which they are found, but the blood is not their lodging place. With other vices they dwell in the flesh, and in all cases of infection hitherto described, it was from the meat of the animal that the parasite was derived. Grant that the cysticerci migrate with the blood. How long would they rest in it? Not the one-fourth of a minute until they become lodged. In less than half a minute the blood makes the whole round of the circulation. People only drink beef's blood, not pig's. The immature tapeworm, the cysticercus, does not infest cattle. It is a parasite of man, of swine, of monkeys, bears, dogs, rats and deer. People who abstain from pork are not affected. I quote the latest work extant on the subject, Heller, *ueber die Invasions Krankheiten*, p. 601: "The geographical distribution of the cysticercus correspond, with that of the *tænia solium* (tape worm). As man incurs the risk of the latter by the use of measly pork, it is found wherever pork is used as food; the people of Nations which abstain from the use of pork are free from the *tænia solium* as also from the *cysticercus cellulosæ*."

As to "the other parasites that may be drunk with the blood," they have long names, but so far as known of them they are mostly innocent. Some of them, like the *filaria sanguinis*, may be discovered in man's blood by the million, but they give rise to no more disturbance than those we drink with our water, or breathe with our air.

The question of the utilization of the fifty to one hundred pounds of the very cream of food wasted in every steer that is brought to slaughter is a question of moment for the present day. The common black pudding (blood wurst), which is blood mixed with fat, is only a sample of the methods in which blood can be used. The transfusion of blood directly into the viens of the ensanguine shows us a revivification that is only short of the miraculous. The drinking of blood, which has of late become even a fashion, as in Paris, has accomplished a great good, if only in its demonstration of the innocuousness of its ingestion. No question is of higher import than the question of food. "The muscular strength, intelligence and commercial industry of a people depend upon a right use and proper distribution of food."

Is it a right use or a proper distribution to pour out the best of it, the most elaborate of it, that, by universal concession, the most easy of digestion and assimilation, upon the ground?

HÆMOPHILE.

Current Medical Literature.

The *American Observer* for July is something certainly interesting in the way of progressive medical journalism. Some one is writing up "Diseases of the Eye," and as usual with these writers who are less than half informed on this specialty, he shows his lack of knowledge of that about which he attempts to write.

"Ophthalmic diseases, especially those of an inflammatory character have hitherto for the most part, been regarded by us, as well as by many allopathists, as a single affection, whereas the structures which enter into the composition of the eye are like those of encephalon, so diverse as to require separate consideration."

This is a novel conclusion to arrive at from such premises. The structures of the eye are diverse, that is clear; they require separate consideration, that is also clear. Now what have these facts to do with this other fact, that diseases of the eye have been considered a single affection? We give it up. But this last statement may be considered in the light of news. The man just converted who thrashed a Jew because he had crucified the Savior, was astonished that the event had occurred several thousand years ago. It was all new to him. And this writer is equally oblivious of the fact that the ophthalmic diseases to which he refers were understood pretty much as they are now, long before he was wrapped in his swaddling clothes. He proposes "to describe the more common forms of inflammatory and other diseases of the eye in a

manner sufficiently ample and accurate to enable one by means of the systematic medication to treat diseases of this organ with the same precision that characterizes our treatment of other diseases." If symptomatic indications are all that is needed, the writer need not trouble himself to describe anything but the symptoms. He will do a deal of superfluous writing if he describes the various diseases as now understood in our pathology, provided he proposes to be guided by symptomatic indications, and he will do a deal of bad doctoring if he adheres simply to these as his guide. If we thought he knew any thing about what he is writing, we would watch with some interest his plan of therapeutics.

That the writer does not know what he is writing about, must be evident from the following choice selections.

"Certain diseases not amenable to allopathic treatment, such as *incipient cataract*, have in some instances unquestionably yielded to *homœopathic medication*;" "the cornea or window of the eye, consisting of a transparent fibrous membrane, *similar in structure to the sclera*;" "the iris; this is a beautifully colored vertical membrane or curtain *attached by its margin to the ciliary processes*;" "the ora serata or *posterior edge of the ciliary processes*."

This is anatomy with a vengeance. It is, perhaps, good enough for symptomatic indications. But it is desperately bad for the readers of the *Observer*.

"THE Evolution Philosophy," is discoursed upon by the Rev. Enoch Pond. He impales Spencer, Huxley and Darwin on the point of this conundrum: "What proof, I ask, is there, that the original substance, that out of which all things came, was nebulous dust, and that by the application to it of blind, naked force, the worlds were brought together? Was any one present to witness the operation and make report?" Of course there was. The Almighty was there, and he has written up an official scientific report, but the Rev. Enoch Pond hasn't read it, and there is where he fails. He wildly cries: "Who has received any reliable revelations respecting them? From the confidence with which these things are an-

nounced, it would seem that there ought to be the proof of them somewhere, but where?" Why, Brother Pond, it is in the Bible which you seem to know as little about as you do about modern astronomy. Doesn't Moses say "the earth was without form, and void and darkness was upon the deep?" That is as good a description as La Place himself could have given of the nebulous state. Reverend and dear brother, your own mental condition is far too nebulous for solid reasoning on the Evolution Theory.

Dr. Gilchrist treats of conservative surgery. He says: "the mere operator is but little esteemed by his fellows." Who these "fellows" are, we are not quite sure. Among doctors, generally, a skilful operator is still held in high repute. But these "fellows" must be a sad lot of sore heads, who having failed to make good operators, are anxious to make faces at those who have succeeded. That story of the bears who came out of the woods and ate up the little boys who reviled should deter them from such acts. He says again, "Homœopathy has made such strides in the surgical field that the list of diseases incurable by medical agencies are certainly incurable by any."

The progress of medical science gives us a lively chase, and we don't deny losing now and then a length or two, but this distances us altogether. Why annihilation is nothing to this summary method of treating the surgical corps. Brother Gilchrist is a fearful operator in the conservative line when he can thus dismember and eviscerate the sacred body of surgical art. He proceeds: "The list of 'incurable' diseases is even now less than half what it was ten years or even five years ago. Many of us do not believe there is such a condition and ask the help of all true scientists to develop the fact."

If the fact is not already developed, how is it so readily believed by "many"? "Let us," he exclaims, "exhaust the materia medica upon every case presented to us before we fall back upon the knife." "Sah," said the colored barber, holding like death, to the dull razor which he drew over the face of his suffering victim, "it's bound to come if de handle

don't break," Exhaust the materia medica indeed! what would be the patient's condition about that time? As Dr. Lippe would say, why don't you illustrate? Give us a case in which the materia medica and the patient were both exhausted and the surgeon committed hari kari or in other words "fell back upon the knife." If it were not that Dr. Gilchrist is the recently appointed incumbent of the chair of surgery in the Homœopathic Medical Department of the Michigan University, his views would have no special force, but as it is, we can not help wondering what sort of teaching his will be.

Editor's Table

The World's Convention—Notes by the way.

Our route to the World's Homœopathic Convention was by the Baltimore and Ohio Railroad. We had a somewhat remarkable compound of voyage by land and sea, for our ladies enjoyed a continuous *mal de mere* until we set foot in Washington, D. C. Thanks to the hospitality of Dr. Baldwin and his excellent wife, we soon found rest and opportunity to do the beautiful capitol and surroundings. Of course we saw Dr. Pope, the man whose name, with that of his distinguished patient, Mr. Blaine, was a little while ago on every lip. And we saw also Mr. Blaine himself just struggling back to life; and heard with interest the story of his escape from death. Never before was the allopathic school so interested in the condition of a patient under homœopathic treatment. The

whole nation was roused to see, not only what became of Mr. Blaine, but what Dr. Pope could do. Never eyes looked more eagerly on a gladiatorial combat than on this distinguished physician and his distinguished patient. Scores of over-wise gentlemen of the allopathic school, rushed into print, in order to prove that Dr. Pope was a fool and Mr. Blaine a dead man. It was universally felt, that for Dr. Pope to fail, would entail a loss of immeasurable magnitude upon the homœopathic school. It was a test case. The old school doctors were sure the diagnosis was false and the treatment futile. But never did a case, upon which hung the welfare of the Homœopathic school fall into safer hands. Before Dr. Pope reached his patient, one or more allopathic doctors had commenced treatment, in the way of applying cups to the spine, mustard plasters to the chest and a rectal injection of some sort. These Dr. Pope at once discarded and instituted a better method of treatment. The opinion among the physicians in consultation was unanimous, that Mr. Blaine was suffering from cerebral anæmia. At least this was the opinion of the homœopathic physicians in attendance. The counter irritations instituted were therefore effective only in increasing the difficulty. Happily they were suspended. Dr. Pope first gave *Glonoine*, afterward *Gelseminum* and lastly *Phos.-zinc*, all in high attenuations. Under the action of the first two, the patient's condition greatly improved, but under the action of the latter, he almost miraculously awoke to consciousness and sat up and wrote his celebrated Tuesday's dispatch. It was a triumph in which our whole school shared, not simply from partisan motives, but, because it publicly rebuked the arrogance of a class of men, who could diagnosticate and prognosticate Mr. Blaine's condition, while hundreds of miles away, better than Dr. Pope, who was on the ground and in the battle, but who, forsooth, could not do otherwise than fail, because he was a homœopathic physician. It was not our fault that so much was staked on Mr. Blaine's case. The wager was laid by the gentlemen of the allopathic school and they lost, that is all.

Arrived in Philadelphia we found the World's Hom. Convention in full blast. The President Dr. Dunham had opened the campaign with his admirable address. It gave the key-note of the entire subsequent proceedings. If we have extremists in our school Dr. Dunham is not their leader. He could never preside over a convention of men who held to a narrow one-idealism. His is the golden mean which all men admire and most men search for. The interplay of the high and low dilutionists, the pathologists and symptomatologists without coming into sharp and almost fatal conflict was most happily managed and each party left the convention well satisfied with the success of their views.

There was some private talk that the convention was in the hands of a ring, but as each of the above parties complained alike it was clear that the idea had no solid basis in fact. Above all things there is no sectional divisions in the Institute. Men of the East and West are not antagonistic. There is no conflict worth mentioning, save that which is mental. The only test is brains. In this the East and West may well vie. Brains count and always will. In this respect the American Institute of Homœopathy is not second to any similar body in the world. We are proud of its abilities, its scholarly character, and the varied attainments of its members.

It was just a little childish to set up in convention the bust of Samuel Hahnemann. It detracted somewhat from the strictly scientific character of the proceedings. We went not there to worship heroes, but to search for truth. It was not art we wanted, though shaped in bronze, but science. It did no harm however unless it misled the observer. That we should be taken for the followers of a man however great he might be, rather than the followers of truth is strongly to be deprecated. Truth concrete in facts is always to be desired as superior to truth concrete in a personality.

The Institute is again adjourned to meet at a watering place. After trying Niagara Falls and Put-in Bay, then sweltering in the heat of Philadelphia, it was well nigh unanimous that the cool air and quiet shore of Lake Chatauqua would be

every way desirable. Never again let us go into the hot, dusty, noisy city, so long as we can find watering places so abundant.

DIED.—Jesse Garrettson, M. D., of Cincinnati, July 31, 1876, in his sixty-sixth year. Dr. G. was a pioneer of Homœopathy in this city, having resided here about thirty years. He stood high in the estimation of his professional brethren, and in the love of his numerous patrons.

Medical News.

DR. J. H. McCLELLAND, of Pittsburg, has accepted the Chair of Principles of Surgery and Clinical Surgery in the Hahnemann Medical College of Philadelphia. He will not, however, change the location of his residence.

FOR SALE.—Medical and Surgical History of the War, or will trade for Allen's Encyclopedia. Address, Dr. D. S. KIMBALL, Sackett's Harbor. N. Y.

DR. A. C. COWPERTHWAIT, of Nebraska City, whose recent work on Insanity we noticed, has had conferred upon him the title of *Doctor of Philosophy*, by the Central University of Iowa. We are glad the State thus appreciates one of its rising men.

MR. JAS. LICK, the noted California millionaire, is in trouble about his doctor's bill, a matter of only \$55,000. But he should wait until he hears from his dentist. They haven't helped to cut his eye teeth and to fill up his wisdom molars for nothing.

THE Jackson Co., (Mich.) Hom. Med. Society, at its recent meeting did a very important thing. It resolved that "each member should select some clinical case of interest occurring in his practice and report thereon at the next meeting of the society." If they do this it will be a meeting far above the average of state and county society meetings. Do it, gentlemen, by all means.

THE HAHNEMANN Medical College, of Chicago is in danger of proving too much for its own good. It says of its newly organized faculty, they have an advantage in being organized on a *homœopathic basis*. If so, what was the basis on which their predecessors stood? If not homœopathic what a misnomer was the college name! Well Chicago is a great place for rhetorical flights. That's all there is in that,

A PROGNOSTICATION of an epidemic sure to come is now within our power. The prevailing disease of the coming season will be *Hayes Fever*. Any successful treatment of it will be thankfully received by the Democratic party.

NEW YORK, July 25, 1876. DEAR DOCTOR:—On looking over Allen's 4th volume, I am reminded of our conversation upon *Eriodyction*. I do not think Allen sufficiently accurate in specifically defining it. I do not know where he gets the name of *E. Californiacum*. The three species are found in the States or in California and Mexico. I omitted to say that in the Pacific R. R. Survey, one of the volumes containing botanical reports, you will find in the index to one of the reports, the three species named, and in the report described.

G. W. BARNES.

THE twenty-fifth semi-annual meeting of the Homœopathic Medical Society of the State of New York will be held in Buffalo on Tuesday, Oct. 10th, 1876. A most interesting meeting may be expected, as valuable professional papers will be presented. Delegates from sister societies are *earnestly* and *cordially* invited to be present. ALFRED H. HILLS,

Rec. Secretary.

VOL. II. N. Y. Transactions is now ready for delivery, and will be sent post paid upon receipt of \$2.00, by Messrs WEED, PARSONS & Co., Albany.

REPORT of the New York Ophthalmic Hospital for the month ending July 31, 1876. Number of prescriptions, 2,024; number of new patients, 259; number of patients resident in the hospital, 25; average daily attendance, 87; largest daily attendance, 123.

DR. WM. A. HAMMOND, of New York, Ex-Surgeon General—the man who made himself famous by striking *Calomel* and *Tartar Emetic* from the list of supplies for the army because the army surgeons were slaughtering so many soldiers by the use of these drugs—is now in receipt of \$60,000 a year from his practice. This beats us by several hundred dollars. But we stand ready to strike *Calomel*, *Tartar Emetic*, or anything of less size than ourself in order to advance our income. No objection to the above amount,

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T. P. WILSON, M. D., GENERAL EDITOR.

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All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, 223 W. Fourth St., Cincinnati, O. Terms \$2.50 a year.

DEAD DOCTORS.—Nothing short of an overwhelming sense of duty impels us to undertake an *expose* of one of the most gigantic frauds of the age. The fact that we have in the past deliberately winked at it is no reason why we should continue to give it our sanction. If it were merely personal and local in its effects, we might be content to sit in silence and see the swindle perpetrated on the innocent and unsuspecting. But since it rises into almost national proportions and is infinitely wide spread and disastrous in its effects, we are bound by every element of justice in our nature to enter our protest, and we do it fearlessly and in the name of truth. The matter to which we refer is the publishing of "Directories of Homœopathic Physicians." Enterprising gentlemen are issuing them from at least a half dozen states, and they come to us with the statement that from 5,000 to 10,000 copies of each are annually distributed. Now we do not dispute the size of the editions. They are distributed gratuitously and it is natural to suppose that the entire number is scattered broadcast over the nation. This only increases the effect of the fraud. Take for instance Ohio or Illinois, or any state having a directory published, and you will find a formidable list of names. Doctors here and there, in the cities and villages and in many country places. The name of the

practitioner and post office address are all deliberately put down. We add them up and announce to the world, with a flourish of trumpets, that there are so many hundreds in the various states, and so many thousands in the country practicing according to our school. But is this estimate true? Are there really so many doctors in existence? By no means! It is a lie of the first order, as any one can ascertain by a simple test. Suppose now you address a letter of importance to each of these doctors; state what you want and ask an immediate reply; let the matter of your communication be of special interest to each one of them; enclose in your letter a return envelope properly stamped; after waiting a month or two report to us how many of these parties have replied. For our part we have tried it a score of times, and the result has been that we get about ten answers to every one hundred letters. Where are the "ninety and nine?" Dead, of course. If they ever had an existence it is all passed and they are dead. How and when and how they died is not known. Their obituaries are yet unwritten. Their names still figure on the list of effective men, but for all that they are dead. The administrators of their estates continue to order medicines in the name of the dead from the pharmacies; their ghosts now and then are heard of at society meetings; now and then they order specimen copies of our journals, but as for answering our letters they do not, indeed they can not, for they are dead. The fact that the signs of these doctors might be found hanging at office doors in these various places is no proof of their vitality. Dead they are in spite of all appearances to the contrary. These directory publishers could tell you the same thing; and if they published the names of those only who replied to their letters of inquiry they would have no directory to publish. It is sad to think of this great mortality among the doctors. They are dead, but perhaps not buried. If the friends will notify us of the funeral we will take pleasure in being present. Our remarks, if any, on this occasion will be to the survivors and to this intent: *Be careful to answer your letters or you may find yourself dead if not —d.*

Now THAT we are talking about the dead, there comes up a more serious phase of the question and it may as well be considered right here. It is all right when a doctor dies to look upon the virtuous side of his character. Nothing is more appropriate than the gathering together of the fraternity and the passing of appropriate resolutions. *De mortuis nil nisi bonum.* But now comes up this question: The resolutions are sent to us neatly written out with a request that we publish the same in our journal. Ought we to do it? That depends. Who was the deceased? A doctor. What else? O, he was a kind hearted man, a very poor collector, a member of the church, a consistent

politician, an indulgent husband and father, etc., etc. Was he a graduate? Yes. Did he have a large practice? Yes. Did he accumulate wealth? Yes. What did he ever do for the profession to which he professed to belong and which gave him an honest living and an honorable position in society? Nothing. Did he take any of the medical journals and pay for them. Not one. Did he belong to any medical society? No. Did he ever contribute to the literature of the profession or pay a dollar into its treasury? No, he never did. Very well then the profession has no interest in him dead or alive. His life and death both are entirely private. In your resolutions you have adorned his character with the highest virtues. But here are other men who have spent more years than he in the practice of medicine and who have freely given their money, their time, and their strength to the cause; they have patronized the journals, joined the societies and labored to support them; contributed articles to the various magazines; served in official positions—some or all of these. Now when these men die what sort of resolutions will you draft for them? You have already exhausted the vocabulary on this first man's character. You have completely obliterated the distinction between the two classes of men. - One man's selfishness, idleness, penuriousness and seclusiveness is after all just as good as another man's liberality, industry, and life long services in the profession. It won't do. Honor to whom honor, that is the motto we must be guided by. We don't object to the resolutions under consideration. We object to crowding them into our journals. Publish them in your local papers where they will be appreciated, but let us reserve the pages of our journals for men who have done something for the profession the journal represents.

The Physiological Livery. By Dr. Ad. Lippe, Philadelphia.

The attention of the profession has been called to this subject in a number of papers published in this journal. We have endeavored to show the fully developed caricature of one of the boldest adherents to this late departure, we flatter ourselves to have proved conclusively that its adoption must

lead to lunacy; we have warned others of the danger they are encountering when they fully or partially venture on the fashionable new clothing, and partially or entirely cover their homœopathic personality with the physiological and pathological garments; we have shown off the illogical fashioner of these new cloths, composed of patches of the schools, homœopathic, physiological and pathological, and how the harlequin looks with these patches composed of opposites; and lastly, we have congratulated the followers of said harlequin upon their new acquisitions to their ranks. We have also prognosticated that said harlequin will die a natural death, and before he utterly disappears and is buried in oblivion, it is now our purpose to show his first symptoms of a fatal disease, a disease that is soon to terminate as we prognosticated. There are two distinct indications for this prognosis: first, want of harmony among the fashioners and wearers of this garment, and second, an outspoken opposition to it by learned and leading men of the homœopathic school. The man who sported this new livery with boldness, honestly illustrated the doings of its adherents, his mode of applying it therapeutically, how he based his treatment, upon the supposition that the absence of salt caused the waters to leave the brain cells and roam about unbridled, till called to order by the administration of potentized (trituated) kitchen salt. These illustrations were too much for the fashioner of this new livery; the fashioner really did see to what a ridiculous plight the followers of his new departure were reduced, and he now most unmercifully calls this fast man to order. A lengthy controversy is now in progress between the fashioner and the bold exhibitor of the bold caricature, all this is now going on in the birth land of homœopathy. Our friends in Old England follow kindly, the two previously mentioned new acquisitions agree to disagree; there is no principle on which these men of learning can write, nor can they agree to wear the same garment; each of them want this newly fashioned garment to be just a little differently shaped, or desire to put it on in a different manner. Let them fight it out among themselves, thereby exhibiting the first symptoms of a fatal disease. While

the fashioner of the new livery came near cutting up the Organon, similar to Carlyle's tailor who came near cutting up the "Magna Charta" all by a mistake, we find a decided opinion publicly expressed, in condemnation of this new departure, and we find it in the address of Dr. Carroll Dunham on the 16th of June, before the World's Homœopathic Convention, and it is here quoted. Dr. Dunham says, after dwelling on the progress made in pathology since 1810 when Hahnemann first published the Organon:

But if, diverting pathology from this, its legitimate function the homœopathist constructs by its aid a theory of the essential nature of drug effects, as that the one or the other depend on a plus or minus of some blood constituent, or on such and such cell change, or on such or such structural lesion, and if he draws his indications for treatment from such a theory, he introduces into his therapeutics the same element of hypothesis against which Hahnemann protested, and in so doing he diverges from homœopathy towards the blind uncertainty of the older therapeutics. Moreover, however well grounded his hypothesis may be, when he prescribes on the basis of a pathological induction, or when he elects to regard one pathological modification of function or tissue as comprising the sum and substance of each and every case in which it is recognized, he necessarily prescribes for a class, and is unable to observe that strict individualization which is essential to a sound homœopathic prescription. This must always be the case. It is especially true in the present imperfect state of pathology, which has no way of accounting for the firm subjective symptoms that are so reliable to the individualizer.

It is gratifying to find in these sentences a recapitulation of Hahnemann's teachings, when he gives his decided opinion on the fallacy of prescribing on the basis of a pathological induction, and he states it frequently, but so plainly, in his foot note to paragraph six of his Organon, that it is just here proper to quote it again. This foot note reads thus: "I can not, therefore, comprehend how it was possible for physicians, without heeding the symptoms, or taking them as a guide in the treatment, to imagine that they ought to search the interior of the human economy (which is inaccessible and concealed from our view) and that they could there alone discover that which was to be cured of disease. I can not conceive

how they could entertain so ridiculous a pretension as that of being able to discover the internal invisible change that had taken place, and to restore the same to the order of its normal condition by the aid of medicines, without ever troubling themselves very much about the symptoms, and they should have regarded such a method as the only means of performing a radical and rational cure. Is not that which manifests itself in disease, by symptoms, identified with the change itself which has taken place in the human economy, and which it is impossible to discover without their aid?

"Do not the symptoms of disease, which are sensibly cognizable, represent to the physician the disease itself? When he can neither see the spiritual essence, the vital power which produces the disease, nor yet the disease itself; but simply perceive and learn its morbid effects, that he may be able to treat it accordingly? What would the old school search out farther from the hidden interior for a *prima causa morbi*, while they reject and superciliously despise the palpable and intelligible representation of the disease, the symptoms which clearly announce themselves to us as the object of cure? What is there beside these in disease which they have to cure?"

What will the admirers of the new fashioned garment, which we take the liberty to call the "Physiological Livery," do about it? We have been told over and over again, that Hahnemann, had he lived in our days, had he learned what progress had been made in the branches of the modern auxiliary medical sciences, he would have modified his views. And here we see that the views he expressed as late as 1833 are fully sustained, fully endorsed, fully corroborated by the gentleman who addressed the World's Homœopathic Convention in 1876. Have the gentlemen who so earnestly desire to bedeck themselves with this new livery, forgotten that the present effort of the common school of medicine to explain the causes of diseases and disease itself through physiology, to convert pathology into the knowledge of sick physiology is the second effort to advance the knowledge of diseases since Hahnemann's days? Have they forgotten that Bock & Co. professed to have found the causes and nature of dis-

eases through their researches in pathological anatomy? When it became apparent that all the deductions drawn from the facts revealed through pathological anatomy did not help their therapeutics, did not help to cure the sick, then the next generation having, as ever before, rejected the advances of a former generation, now ride a new hobby and sport the physiological livery. While Hahnemann nowhere rejected any knowledge derived from researches in any of the collateral branches of medical science, while he explicitly supposes that every healer should be well acquainted with all the branches of medical knowledge, he, in his *Organon*, shows the uses which the healer (homœopathician) should make of the knowledge which every physician must possess. It does not become us, and we are not aware of any member of our school of medicine who ever rejected the knowledge which a Bock or a Rokitansky or any of the many able and honest searchers for light brought to the profession at large. To physicians these acquisitions are not only acceptable but they are a necessity, as healers we can not be misled by false deductions drawn from them when they are in positive opposition to our law of cure. Every effort to make it desirable to unite these opposites will prove abortive. The fallacy of the deductions drawn from pathological anatomy when these deductions professed to show what the disease and what the nature of the disease had been became very soon apparent, the changes found to exist after death in the various organs and tissues merely showed the results (not the causes or nature) of the disease which destroyed life. We fully join in protesting against every ever so plausible an effort to introduce into our therapeutics any one of the elements of hypothesis against which Hahnemann protested from first to last. We further express our idea of the unity of true science when we say in the language of Mrs. Toodles, "All these things come handy, and its well to have them about the house"—it is a good thing to be fully acquainted with Dr. Bock's grand researches in pathological anatomy when a post mortem examination comes off, and we are expected to know what will be found, etc., etc. Science progresses, but all progressive

science proves the truth of Hahnemann's teachings. The spectrum has superseded chemistry just as our therapeutics have superseded the therapeutics of all and every one of the past and present schools of medicine. By the spectrum a number of new metals were found which were unknown to chemistry—that science truly representing the prevailing materialism.

Men who for some time were almost misled by the new garment and the boasts of the advocates of the physiological livery, finding that opposites can never unite no more than truth and error could unite in the past, now publicly retrace their steps. One of them, Dr. Clotar Mueller in his address before the Homœopathic Medical Society of Leipzig, and the editor of the *Internationale Homœopathische Presse*, uses this language: "Hahnemann declares with great decision in his *Organon* that every disease is the result of a disturbance of the vital forces of the organism. If this assertion of his fails to harmonize with our modern views, it is only in consequence of the fact that we take exception to the expression, "vital force," which has gone quite out of fashion. Nevertheless, it is certain that the conception of disease, as a disturbance of the entire organism is for Homœopathy an absolute necessity. It is only by the unqualified acceptance of this action that our homœopathic principle can be brought to its full value, to a clear comprehension and to a correct application. Indeed, it is my firm conviction that Homœopathy must stand or fall by its acceptance or rejection."

And so it is; here is another thinker who will not put on the physiological livery.

We shall further report how the corporal's guard fares, which is still sporting the new garment, rebuked, exposed and their ranks fast thinning by repentant deserters. The corporal's guard is sick, very sick.

Theory and Practice.

Masturbation. By H. R. Arndt, M. D., Ionia, Mich, Part First.

The practitioner who desires to read upon masturbation will meet with great difficulty in finding any thing said on the subject in authors generally in the possession of the average physician. This can probably be accounted for from the fact that masturbation is a vice rather than a disease; but the question arises, if a vice, so generally practiced and so productive of very serious consequences and of clearly defined diseases ought not to be freely treated in works on theory and practice; so the practitioner, who can not afford a very select and expensive library, may at any time have within his reach the means of information on the subject. We can hardly pick up an author who does not devote a great deal of space to lesions not only of a very obscure nature, but of such rare occurrence, that it is absolutely a matter of good luck to run across a few similar cases in a practice of many years standing; while the same writer completely ignores the existence of a malady, that extends to every hamlet in the land, if not to every family; producing a fearful havoc among the young of both sexes and terminating in abnormal conditions which can be reached only by the most painstaking treatment, backed up by a large amount of tact and a thorough acquaintance on the part of the medical attendant with every inch of ground he expects to travel over. The peculiarity of these cases consists in an atmosphere of haziness and obscurity which surrounds them and which can be penetrated only by an amount of skill which will enable the physician to diagnose the difficulty without a direct and frank avowal of the crime on part of the culprit. For in nine cases out of ten we must arrive at the diagnosis of habitual masturbation from our observation of the habits and peculiarities of the patient

often in spite of the most positive assurances of innocence on his or her part.

It is perfectly natural that every victim of this habit should shrink from admitting its existence, especially if the victim has reached years of maturity and discretion, and in the cases of young girls, protected as they are from direct inquiry into the real state of things by conventionalities, it is a risky undertaking for the attendant to frankly acknowledge his suspicions. No fond father will permit you to utter such suspicion in reference to his favorite daughter, no matter how readily he might listen to a similar story in regard to a neighbor's family and ten chances to one your experience may be like mine a few years ago, when an esteemed clergyman, whose daughter's case I had just carefully examined, upon a statement of my diagnosis, very politely, but none the less plainly, called my attention to the existence of a roomy hall door in the front part of the house; within a few weeks, however, the patient made a full confession to her mother, justifying my worst suspicions, and a handsome apology was promptly offered, coupled with a request for medical treatment.

It is then absolutely necessary that we should learn to rely largely upon our own judgment; and to do so with a good degree of safety it becomes a matter of importance to thoroughly understand the symptoms, which indicate, more or less closely, the existence of the vice.

Children of a very scrofulous diathesis or of a marked nervous temperament are, I think, particularly predisposed to the danger of falling a prey to onanism. Realizing the fact that few children grow up to maturity without attending our public schools and meeting on the streets and even in our homes with play fellows, any one of whom may become the seducer, I think that little ones, who are cursed with severe scrofulous troubles will fall into the snare more readily than others, and if they once have fallen will become more hopelessly involved, because of the weakened state of the system and the peculiar liability of scrofulous persons to an abnormal activity of the sexual apparatus. The connection between the nervous system and the generative organs is too

well understood to doubt that a preponderance of the nervous in the temperament of a child will create a particular susceptibility to influences under consideration.

As before said the habits and peculiarities of the patient must guide us largely in the formation of our opinion. One of the very first symptoms which onanism produces in the child is a tendency to isolate itself whenever it can be done. It will avoid, often very painstakingly the society of its former playmates, especially of the other sex, partially because it is constantly on the lookout for a chance to indulge its weakness; on the other hand because a consciousness of its repeatedly doing a thing that must be kept a secret, begets a depressed, morbid, morose state of mind, which in time produces a perfect type of melancholia. The boy who is ever full of mischief, ever running after the girls, noisy and overflowing with activity is apt to be all right, and there is no great danger of the girl who cares more for a romp on the streets or a game of rough and tumble with the boys than she does for a quiet play by herself in her corner of the room.

Persons of a more advanced age, offer us, as a matter, of course greater facilities for observation, since their habits have become more fixed and show themselves more positively. The same depressed, unnatural and unwholesome state of mind, causing gloominess etc., shows itself here. As we, however, examine a case with reference to the possible existence of onanism, it may be well to remember that the poorer classes of young people, girls especially, are much less given to indulgence in this vice than their otherwise more favored neighbors; since their very way of living, plain diet, with a hearty appetite to make it palatable; plenty of exercise and constant employment throws a safeguard around them. And if an abnormally large amativeness or a lack of virtue leads them astray, it is generally in a different direction.

The young girl however who has ever enjoyed all the ease and the comforts which wealth alone can procure; who has been reared in indolence amidst luxurious surroundings; whose hands have never been soiled by labor is in much more danger than she who slaves for her over the washboard or

the heat of the cook stove. And she, who loves to dream over some light French novel or to shed tears over the fate of some immaculate hero of light romance; who carries with her an atmosphere pregnant with all the perfumes a drug store of the 19th Century can supply; who is so shy and retiring, so fearfully "proper" that a gentleman dare hardly venture into her presence without feeling as if he were guilty of various high crimes and misdemeanors; who hardly ever leaves her home to join a jolly crew of young friends, and if she does, does it apparently under protest and can not enter into the sport of her companions; whose only pleasure is a sensuous opera and whose pet theme is discontent with mankind and her lack of confidence in virtue and truth; who is without thorough knowledge of, and interest in, any practical matter; for whom close reasoning is an impossibility—that young woman would rest with me under suspicion of self-abuse, were I called upon to prescribe for troubles, which at all warrant such a diagnosis; and what is true in regard to young women applies with equal justice to young men.

The expression of the countenance, ever ready to betray the confidence of its owner, is a valuable assistance to the physician, as any one, at all versed in physiognomy can trace in the face the ravages of onanism as readily as he can tell the bloated face of the drunkard. The eye especially shows by its constant wandering, by its avoiding to meet your's promptly; by its shy and at the same time troubled expression, that a rude and sacrilegious hand has robbed a young soul of its virgin freshness and poured into the fountain of its life the bitter poison of sin, that is to blast it forever.

Habitual indulgence in self-polution produces a marked peculiarity in walk. The mode of dress prevents its ready detection in women; and the prevailing fashions are rarely calculated to do any less than rob walking of its natural grace and dignity. But in the young man we can readily detect an unsteady, vacillating, stiff movement of the limbs, which shows itself plainest when a rapid walk is attempted. There is none of that firm, easy, divided step of the well man or of the robust boy; it seems hesitating rather, or as if the

person had for some reason lost the complete control over the movements of the lower limbs and might suffer with rheumatism in the small of the back. This is probably due to a weakening of the whole system and to a lack of full development and even a shrinking of the muscular tissue in the pelvic and lumbar region, induced by the waste of vitality and strength through the frequent indulgence in the habit, particularly so after maturity has been reached.

In the cases of young girls, especially about the time of puberty, the hold of the habit upon the patient is unfortunately more than once strengthened by improper medical attendance. A parent notices that a daughter is ailing, that her complexion is sallow; her appearance lifeless and dull; that she is absent minded and her appetite fitful; and the fond mother at once presumes that there is some trouble connected with the establishment of the menstrual functions. If the doctor is not consulted, the treatment which the child receives, will consist in carefully abstaining from the usual amount of exercise and in stimulants of some sort. And if medical aid is called in, the physician is quite apt to fall in with the notion entertained by the friends, and through ignorance or carelessness increase the difficulty rather than give the relief so much needed.

I have often noticed in cases of longer standing a peculiarly ravenous and fitful appetite, constantly craving unwholesome articles of diet and stimulants, such as spices, tobacco, etc. Girls under such circumstances will occasionally treat themselves to chalk and pieces of slate pencils, as they are known to do under other diseased conditions of the generative apparatus. Common sense teaches that this desire for stimulating and unnatural food must be checked at once by the medical attendant.

The consequences of onanism are various in the degree of intensity and danger. That its effects must soon interfere with a harmonious development of the body, then in the very process of growth and formation, is self-evident. Not only does it completely destroy all the gracefulness of childhood, but crippling every effort on part of nature to produce a

strong and useful body, it is by this very sapping away of strength, when so much needed, that we find (to give one illustration) lung tissue so deficient in healthful structure, that it falls an easy prey to tuberculosis. This interference with a healthy growth seems to be the most important feature before puberty; nor must we underestimate it, for what is there for a man in life or of how much use can he be to society, when he enters the arena with the stamp of a second rate mediocrity upon him.

As soon as puberty is reached there is added the useless waste of seminal fluid, increased in its secretion by constantly kept artificial irritation, and followed by a train of symptoms, all more or less depending upon this reckless waste of animal fluid. *Spermatorrhœa* is doubtlessly often brought on by onanism in the male, although I am inclined to believe that this is not as often the case as may be presumed. My experience at least has taught me to think that the discharge imagined to be semen by the patient, is no more or less than prostatic fluid, for I have hardly ever been able to get a patient to remember having had an erection, without which a true and complete emission can hardly take place, and I have little faith in the frequent occurrence of erections and subsequent emissions during so sound a sleep that the patient should know nothing of them; while on the other hand I am well convinced that a majority of masturbators will be afflicted sooner or later with an enlargement and irritation of the prostate, accompanied by an abundant secretion and free escape of its specific fluid by urine or otherwise.

In girls we must expect to get all those symptoms which an excessive mechanical irritation of the genitals would produce, especially *leucorrhœa*. I have in two cases found enlargement of the body of the uterus, both being cases of long standing. I have also had under my care during the last year the case of a young woman of nineteen, who, according to her own statement to her mother, had been an onanist for nearly ten years, indulging excessively at times, where there existed a serious enlargement of the uterus, especially of the cervix and a very painful congestion of the ovaries, bordering on

inflammation. The vaginal structure was very flabby and constantly bathed in a profuse, acrid leucorrhœa; the development of the mammal was very imperfect, scarcely exceeding in rotundity and size the rudimentary organ in the male although they promised the usual development at a young age. I have in many cases that have come under my observation noticed a decided tendency to leanness and in girls of a mature age a similar imperfect development of the breasts as noticed in the case just cited.

The physical consequences, however, appear almost insignificant when compared with the injuries which this habit produces upon the mind.

The very nature of the habit is such as to develop secretiveness and low cunning even in a young child. In exceptional cases only does the masturbator allow himself the company of others. But generally he wants to be alone in his room, in the barn, in the outhouse, any where in fact, so he is by himself. This soon begets a gradual decay of all that is noble and redeeming in a child. It readily becomes ensnared in a perfect network of lies and his daily life is with little exceptions nothing but a web of hypocrisy. The candor and manliness of the boy give way to the mein of the sneak thief, the innocent gayety and charming playfulness of the little girl turns into moodiness and spitefulness. And how can a child turning into impurity and hatefulness, the goodness and joyousness that is its birth right, grow up into any thing but a maturity, whose main characteristic is stupidity, meanness and at best a low species of cunning that marks the black-guard.

Diphtheria. Notes on paper by Dr. Ad. Lippe, before the World's Homœopathic Convention. By Wm. Owens, M. D., Cincinnati.

If the author of this paper, as it appears, presumes to follow Oertel in his ponderous article upon that subject in Zymissen's Cyclopedia, he has evidently mistaken the gist of that writer's remarks. The Doctor adopts Cohn's and Oertel's views of the etiology of the disease, ascribing it to vegetable parasites, known as micrococcus or spherobacteria, microbacteria, spirobacteria and several unclassified forms, and that these are present in every case of diphtheria, and that without the micrococcus there is no diphtheria, only the Doctor goes much farther than they in making the last assertion. He farther asserts that it is a miasmatic contagious disease, which they do not. He farther asserts that this miasm may be carried through the air, or by solid matter to which it has attached itself. It will not be denied that these bacteria are found in abundance floating in the air we breathe, in the water we drink and in the food we eat, every day of our lives, but it has not been shown that they cause diphtheria in a single instance. Oertel shows that diphtheria begins in the catarrhal form beneath the epithelium, in which no bacteria are found, and that it may then pass to the croupous variety or laryngeal diphtheria, in which, as yet, no bacteria have been discovered until after abrasion of the epithelium has taken place, and that this form may degenerate into the septic or gangrenous variety, with large development of pus cells and masses of bacteria, which are transported with the septic matter into the blood and various organs and tissues of the body. Oertel admits that the bacteria are not found in the diphtheritic deposit, unless an erosion or necrosis of the epithelium has been effected, and are not found in any of the tissues of the body or the blood until after this erosion or necrosis has taken place, and it is only through these means that septicæmia and presence of bacteria become possible, and that the presence

of bacteria may be a consequence, but not a cause of the disease.

So closely does Dr. Lippe endeavor to follow Oertel, not only in his etiology, but symptomatology also, that he omits to mention some of the most characteristic and certain symptoms of the disease, viz: Intense aching of the back, head and limbs, and one of the clearest indications for *Bell*. So fine has the Doctor drawn his diagnostic line, that he is able to determine to a certainty the form of diphtheria arising from spherobacteria, and believes that *Kali bich.* is specific (I suppose without regard to symptoms) for this form. May be, at an early day, the learned Doctor will be able to give us the specific as well as generic differences, not only of this genera, but all others as well. Science is aggressive and will demonstrate, under his skill, why *Kali bich.* is better adapted to spherobacteria diphtheria, than to any other of the genera of micrococcus.

The Doctor now plunges into treatment with all the real gusto of a veteran. No Knight of La Marcha he; no wind mill, no flock of sheep before him; but real living, digging, boring, vegetable parasites, micrococci, bacteria; not one, two, three or more varieties, but so many genera; he "treats not the disease only, but the patient," and disinfects with "dry charcoal" only. He does not say whether he uses *Carbo an.* or *Carbo veg.*, does not say whether it is to be used cold or at a white heat. All know that dry charcoal as a disinfectant is inert, or nearly so, and that every variety of vegetable parasite, including bacteria, generate, live, and flourish in its midst, and even in water that has been filtered through it. The Doctor studies not the physical condition of his patient first, but his mental, and as the mental phenomena are never developed until the second, third or fourth day of the attack, the patient must take his chances until they do appear; it would be highly improper to inspect the patient's throat, feel his pulse or inquire about his aches and pains until the mental symptoms appear, and then sail in, and if you get stuck, he very blandly refers to Hahnemann's Organon, page 84 to 89. * * * Furthermore, some of the drugs recom-

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mended are well adapted to the removal of the morbid processes induced by catarrh, but none of them have an established reputation for destroying, or even weakening of micrococcus or bacteria, unless given in appreciable doses, which the Doctor thinks is the vilest empiricism. If, therefore, cures result, there is no evidence that they are secured by the drug relation to his alleged cause of the disease.

Oertel claims that diphtheria is induced by these vegetable parasites, because at *certain stages* of the disease, and under certain circumstances they are found within the diphtheritic membranes, and even in the tissues, blood and various secretions of the body; but he makes the fatal admission that the first deposit of the membrane is of catarrhal character, and is free from bacteria, and that it so remains until abrasion, erosion or necrosis of the membrane takes place, by reason of the profuse salivation, swabbing or scraping off of the deposit; and that the bacteria then gain access to the denuded surface and attach themselves to it, multiplying with great rapidity in this new and congenial soil, and even then penetrated only the superficial layers of the deposit, until by necrosis the subepithelial tissues have been reached, when in connection with the debris of the destroyed diphtheritic membrane, now a virulent poison, the whole are brought in contact with the denuded mucous membrane and are absorbed, inducing one of the most treacherous and malignant constitutional dyscrasia, from which, after long eliminating processes, nature often triumphs.

According to Oertel the primary diphtheritic deposit is catarrhal in character, and is beneath the epithelium, and that under certain circumstances this deposit becomes changed to a septic condition; under certain other circumstances this material becomes gangrenous and extensive sloughs are thrown off. He says that bacteria are never found even in the diphtheritic membrane, until after abrasion of the epithelium has taken place, and that they attack the deeper layers of the membrane successively, as erosion or necrosis destroys the superficial layers, and that they enter the abraded surfaces only after the membrane has become decomposed and is absorbed

through the exposed raw surface; hence their subsequent appearance in the tissues, blood and secretions of the patient.

The fact remains that vegetable parasites of almost every kind are found in all parts of the country, and among them, numerous and unknown genera of bacteria, these are taken into our several systems every day to the extent of hundreds of thousands, and perhaps millions, and yet not one person in ten thousand is attacked with the disease. It would seem, therefore, that the theory that microcci are the cause of diphtheria, is at least highly improbable, and is repugnant to common sense, and though claimed by Oertel to be the true theory of its origin, it is contradicted by the facts which he sets forth.

That bacteria are found in abundance in the diphtheritic membrane at a certain stage of its history, we will not deny, and that they may penetrate and traverse every tissue, fluid or secretion of the body will be also admitted, but the history of the disease shows that it exists independent of bacteria; the history of bacteria shows that they exist independent of diphtheria, and that they formed no complication with the disease until after solution of the epithelium has been brought about by excessive flow of saliva, which always attends this disease, or by attempts at swabbing the throat or other surface, to remove the membrane with rough or caustic substances. The history of the disease shows also that the membrane is a highly nitrogenous plastic substance, which readily undergoes decomposition, and forms septic matters which may be absorbed and carry with it the parasites, or be exhaled into the air from the throat and lungs, and tend to infect all exposed raw surfaces. The septicæmia which attends this disease would undoubtedly occur, bacteria or no bacteria. The most that can be justly claimed for them in that connection is, that they are the product of some form of fermentation or putrefactive decomposition, and thus thrown off into the air we breath, and in contact with the food we eat, and the water we drink, and may be in this way appear as a product of the disease, but not in any sense a cause.

Is Rare Beef Dangerous? By the Editor of the Scientific American.

For several years past hygeists and pathologists have been closely studying the progressive invasion of the *tæniodea* or tape worms in the human species, in order to discover all the causes which lead to the presence of these terrible parasites and the means of preventing them. While many vital points relating to the subject are still in controversy, it has been demonstrated that we are attacked by the armed *tænia* (*tænia solium*) and by the non-armed *tænia* (*tænia medio canellata* or *inermis*), that the germs of these two entozoa are introduced into the intestinal canal through flesh food, and that the germs of the first usually come from pork and those of the second from beef and mutton. It has furthermore been pointed out, by M. Regnault, that, while the number of attacks of the armed *tænia* has not notably augmented, those of the non-armed worm are becoming more and more frequent.

The cause attributed to this increase is first the therapeutic use of raw beef, and second, the habit of eating that meat, as well as mutton (the latter, however, in a less degree than the former), in a very rare state. Both beef and mutton contain morbid germs, which might well escape the scrutiny of a much more rigid inspection of market food than obtains here; and these, lodged in some organ of the body, speedily develop into the mature worm. Cooking the meat thoroughly is a sure safeguard; but on the other hand, there are many who have no relish for well done beef or mutton, and, among the Germans especially, the meat is prepared in various ways without being cooked at all. We have frequently seen raw beef steak served and eaten with the simple accompaniments of pepper, salt, and vinegar. Butchers in New York city chop finely the good meat which is trimmed from joints or bones, and sell it in its hashed state, at a low price, to the poorer classes, who likewise eat it raw, and thus save the fuel required for cooking. As indicated above, physicians often prescribe raw meat to the weak and debilitated, and it is no

uncommon thing to see infants sucking tender pieces of raw steak. Of course all this is dangerous, and the fact, we have reason to believe, is not entirely unknown to those who favor the practice; but on the other hand, there is a general idea that if meat be cooked ever so little, merely warmed through, all peril is obviated. That this is a subtle error will be clear from a brief consideration of the cooking process.

The rationale of broiling is the subjection of a large surface of meat to a sudden high temperature. Coagulation of the exterior albumen succeeds, and the juices are prevented from escaping, so that they are cooked with the fibrous part of the meat, enclosed as it were between two shells. Roasting, or rather baking, as it is practiced in this country, is virtually the same process, the hot oven being substituted for the coals. Frying accomplishes the same end by the action of highly heated fat. Boiling is just the reverse, as the heat in that case is applied gradually, so that the albumen can be coagulated uniformly through the mass. Now albumen coagulates at 142° Fah., and further heat reduces it to a firm transparent body, so that a piece of beef which is left "unbasted," that is, unmoistened, during the cooking process, and its exterior temperatures not thus kept down, or a steak allowed to cook slowly over a slow instead of a brisk fire, is likely to become encased in a close crust, not inaptly termed "leathery," which tends to prevent the further penetration of heat. It will readily be perceived that thus, although the meat has been subjected to cooking a proper length of time, and although its exterior may appear overdone, a part of its interior may be practically raw, and may never have reached the temperature of 140°, beyond which it has been proved germ life can not exist. Hence, in such portion of the meat thus prepared, the germs are none the worse for their warming, and enter the body in an active state.

It does not follow, however, from this that we are to interdict that most noble of all dishes, the rare cut of sirloin, but it does follow that we should exercise some greater care in its preparation. And in this respect we have a very safe and simple guide in the two temperatures noted above, or rather in their

close approximation. Everybody knows the difference in color and general appearance between meat nearly raw and meat cooked, and is capable of observing the glairy, flabby condition of the former as compared with the firmness of the latter. In one case the albumen has not coagulated, in the other it has. But in the latter instance we know that a temperature of 142° has been attained, and that is two degrees higher than the germ death point; hence we are thus rendered certain that the danger is obviated, on simple inspection of the condition of the meat, which still is rare enough to satisfy any healthy taste.

It is not difficult to perceive that the ravages of that other fearful parasite, of the hog, the trichina spiralis, have been the cause of greater care in the preparation of pork; and as the same thorough cooking which destroys the trichina likewise destroys the tænia germ, both evils are obviated at once. Hence we find another cause for the diminution in cases of armed tænia noted by Regnault, while the prevalent neglect of precautions regarding beef and mutton may likewise account for the spread of the affliction attributable to those meats.

It is a curious fact in this connection that a prominent French medical journal (the *Abeille Medicale*) strongly recommends horse flesh to be used raw therapeutically, and asserts that it is much more nourishing than either beef, mutton, or pork. We doubt whether this last assertion will meet with general acquiescence; but if it appears, as our contemporary states, that the horse is not subject to the parasitic affections common to the cattle now used as food, there can be no question but that, from a sanitary point of view, the food value of our superannuated chargers is greatly enhanced. At all events, for some reason the consumption of horse flesh in France is rapidly increasing, as recent statistics show that nearly thirty per cent more of the animals have been slaughtered, for the markets in Paris, during 1876 than were killed last year.

Cold in the Head—Chronic Catarrh. By C. D. Crank, M. D.

At this season of the year, the transition of Summer into Autumn, with its cool evenings and ever changing temperature, "cold" and "catarrhal" troubles receive no small part of the physician's attention.

It is at this season, too, that nasal catarrh, quieted by the warmth of summer, is awakened into activity by the first approach of cooler weather. The first symptoms indicating cold in head, or catarrh is chilliness, frequent sneezing; itching, irritation and dryness of Schneiderian membrane; this is soon followed by a watery secretion and general coryza, at first simple, but soon becomes hot, excruciating and as the trouble progresses, becomes thicker and finally ceases entirely, resulting in formation of crust, a scab, with hawking, tickling in throat. It may rest here, degenerating into a miserable catarrhal condition, involving posterior nares and soft parts, or pass downward reaching bronchial tubes, with bronchitis, or to the lungs with pneumonia. It is during the stage of secretion and discharge that it is most amiable to treatment, and the selection of the right remedy at the right time will, in majority of cases "cut it short."

For violent coryza, copious watery discharge from nose, profuse flow of tears, I give *Euphrasia*. As the discharge becomes thicker, burning and excoriating the soft parts, I give *Arsenicum*. If the discharge is purulent or bloody, mucous membrane swollen, nose sore, I give *Mercurius*. If the secretions have been suddenly suppressed, followed by fever, splitting head ache, short, dry hacking cough, I give *Aconite* and *Bryonia*. Frequently a few inhalations of *Spirits of Ammonia* will bring back the discharge and relieve the other distressing symptoms.

So much for general treatment. Let me give a few of the leading remedies with their indications.

ACONITE.—This remedy will often relieve if taken in time. Indications: After exposure to cool winds; chilly, violent sneezing, coryza, swelling of upper lip, pain in head, pricking in throat; short, dry cough. After the trouble has passed into

second stage, after the secretions become acrid and thick, this remedy has been of but little service to me.

BRYONIA.—Obstinate dry cough, mucous in scabs; lips swollen, dry and cracked; burning and smarting sensations; nose swollen, frequent bleeding; feeling as if ears were stopped up, splitting head ache; all worse in evening.

ARSENICUM.—Hot, corroding discharge from nostrils, with sense of obstruction in nose, very sensitive to cool air; sensations of heat, followed by chilliness, lassitude, weakness and restlessness; dry, fatiguing cough, worse in evening; tenacious mucous in bronchial tubes, tendency to asthma from suppressed secretions.

MERCURIUS JOD.—Aggravated catarrhal troubles; discharge of purulent yellow or bloody mucous from nostrils, accumulation of mucus in posterior nares, with sore raw feeling, dry cough excited by irritation in larynx, soreness of the feet and muscles

BELL.—Trouble is principally in posterior nares and fauces, pain in nose, nose cold, spasmodic cough, worse at night and by motion; cephalalgia with shooting pains through forehead, face swollen and red, hoarseness, with rawness of throat, frequent sneezing during coughing spell.

NUX V.—When "cold" has been preceded by any gastric disturbance, hoarse hollow cough, with tenacious mucous in throat, some pain in larynx or bronchia produced by a peculiar dry condition of mucus surfaces, nose dry, slight inclination to discharge at night, dull, heavy feeling in forehead or severe pains in frontal cavities, chilly feeling even when near a fire.

PULSATILLA.—Chilly sensations, coryza with thick yellow or greenish discharges from nose; this remedy is seldom indicated when discharge is thin or watery; discharge often suppressed by coming into warm room, when Schneiderian membrane is ulcerated, return of an old catarrhal condition; this remedy is of great service; cough first dry, then loose with expectoration of yellow matter, worse on lying down, hoarseness with aphonia, loss of smell and taste, symptoms frequently changing, feels very well one hour, next is worse etc., etc.

KALI B.—First, watery excoriating discharges from head, gradually followed by thickening and accumulation of ropy, stringy mucous with tendency to formation of scab or crust in nose, hoarseness, hard cough, burning pain in trachea and bronchi. This remedy is of special service when old catarrhal conditions have been around.

Phos.—When the trouble has reached the throat or bronchial tubes with violent cough, oppression of chest, hoarseness, aphonia, larynx sensitive to touch, talking aggravates, cough dry, or expectoration of a visceral mucus.

CASE I. Female, age about 35, large and fleshy. "I have a cold in head, am chilly, can't get warm, frequent sneezing, pain in nose, it feels dry and hot, dull, heavy, stopped up feeling in nose and forehead, face swollen, shooting pains through temples, eyes congested, inclined to water." Prescribed *Nux v.* 6 and *Bell.* 6. Saw patient next day, head relieved, "but gone to my chest," leaving a confused, heavy feeling in head, with sharp darting pains on right side at each coughing spell, face flushed, nasal passages tender, with acrid watery discharges, constant short barking cough, worse in morning, dryness of throat. Prescribed *Bell.* 6 and *Bry.* 6. Saw patient next day, no improvement, symptoms about the same. Prescribed *Sanguinaria can.* 6, with almost immediate relief.

CASE II. Male, age 38, has been treated for nasal catarrh, but been comparatively free from it this summer; complains of cold in head, excoriating watery discharges from both nostrils, head ache through forehead, very sensitive to cool air, slight flow at night, restlessness, great irritability, short dry cough; gave *Ars.* 6 *Ac.* 6. Saw patient next day, cough loose with green expectoration, hoarseness with dryness and irritation in throat, nasal voice, discharge from nose very copious, watery acrid colorless liquid, painful sneezing. Prescribed *Kali hydri.* 3 which cured the case.

CASE III. Young lady, aged 22, took cold from evening drive, complained of dry cough, severe head ache, hoarseness, slight expectoration of viscid mucus, hot, dry skin, peculiar sensibility of larynx; pains her to talk. Prescribed *Aconite* 3, *Phos.* 6 with prompt relief.

CASE IV. Young lady returning from Centennial, took cold from open car window; first experienced chilly sensation, sneezing, discharge from nostrils, oppressed feeling in head. Inhaled *Spirits of Ammonia* which she had with her, followed by suppression of nasal discharge, severe head ache, continued sneezing, burning sensation in larynx, with tenderness to touch, incessant cough, oppressed respiration, pain in chest. Prescribed *Aconite* 3, and *Phos.* 6. Saw my patient next day, nasal discharge returned, bloody mucous, respiration better, severe dry cough, produced by constant burning sensation in larynx, almost complete aphonia, complains of dust from room irritating or aggravating her throat, gave *Ammonia carb.* 6 with good results.

CASE V. Young man, has been suffering from catarrh; much better this summer; has taken cold, complains of dull, heavy ache in forehead and nose, muscles feel sore, some fever, considerable cough, produced by accumulation of mucous in posterior nares, borders of nose red and sore. Prescribed *Mercurius iod.* 3. Patient reported a few days after much improved, but complained of an incessant cough, night and day, disturbing the house; no marked symptom, accompanying save an occasional accumulation of tough mucous which aggravated the cough, at times preventing articulation until removed. I tried many remedies without benefit, finally gave *Rumex c.* 3 with most happy result.

Sailing Under False Colors. Is it Piracy? By O. J. Lyon, M. D.

"God knows I'm not the thing I should be,
And yet I'm not the thing I would be; I ween;
For twenty times I rather would be an atheist clean,
Than under other colors hid be, just for a screen."

These lines, the author of which escapes my memory, portrays an act which, not a few physicians, in my knowledge

are attempting to repeat. Not long ago I was taken by messenger to see a little child some miles away from my office, and upon my arrival, I discovered I was "the last resort," as the regular family M. D. could not come and upon urgent request I was asked to examine and prescribe for a little girl some eighteen or twenty months old, who seemed to be suffering from some active medical agent. She appeared pale, anæmic, and was continually fretting and crying, so much that the mother was worn out attending to her; added to this, the child's bowels were actively loose, and it had lost its appetite, would not take any nourishment, scarcely of any sort. After due examination and reflection, I asked the questions, "who has been treating this child and what sort of medicine did he leave for it." The mother replied that "Dr. B.— of our little burg, just left this morning some medicine for her, which you see on the mantle, but she has got so she can't take it any more; it gags her, and I think it is physicking her too much. We never had Homœopathy before but our little Dr. B.— said he used it a little in his practice and would try it on the baby, for Homœopathy was good for them, but if it were a whisky bruiser he would give him lightning." "Ah," said I, "I will just examine his medicine," and I found a solution in two glass tumblers; one highly colored, dark red, and strong; the other a paler color, but having an exceedingly acrid taste. Directed to be given in teaspoonful doses, alternately, each half hour(!) "Madam," said I, "it's no wonder your child is so bad and I only wonder that it lives, for your doctor has reversed his rule and prescribed for your baby his lightning by mistake or purpose and it is far from Homœopathy," which alarmed the mother somewhat, but I explained the dire consequences of giving such trash and took my leave to call on the morrow, at which time I again arrived. I found the baby much improved, under the action of *Nux v.* 30 alone, and its smiling and crowing told me it was coming through all right. Still some looseness of the bowels, and disordered stomach, caused me to leave it *Ars. alb.* 30 one dose per day, for two days only, at the end of which time I saw it last and discharged it cured. "Why," says madam,

Dec. 23. Much better and has been out of doors; cough less, not so much aggravated by lying on left side; feels stronger and sleeps well; less bronchial breathing; no other symptoms.

Dec. 24. Cough worse; *pains in left hypochondrium on coughing, or on deep inspiration, or on lying on sides, especially the left, or on walking much*; oppression of chest with the cough; some palpitation yesterday; *when coughing shooting upward in left hypochondrium*.

The italicised symptoms led me to *Belladonna* (see Simons' excellent cough reporting) and a dose of *Bell.* 60m (Fincke) in water, was given three times a day.

Dec. 27. The pain in side disappeared the following night; cough much less; lies better on left side; appetite much better; much stronger; took a long walk yesterday; sleeps well; no palpitation; chest feels easier; less bronchial breathing. To stop medicine.

Jan. 3, 1873. Has steadily improved; cough much better; lying on left side does not bring it on, for last five days; no more pains in chest or side; breathing easier; appetite good, but does not care for meat; much stronger; auscultatory-seems more natural.

Jan. 6. Cough not so well for two days; it comes on in paroxysms, excited by a feeling of choking in the throat, as if she could not get her breath; last night cough was worse from lying on left side; to-day, dull pain in left side; cough relieved by drinking cold water; rather more bronchial breathing in left chest. *Sulphur* cm (Fincke) in water, three times a day.

Jan. 7. Cough better; sleep not good last night; poor dyspnoea, which was worse from lying on right side; no choking; less pain in side; coughs during sleep; can walk faster than formerly. Stop the medicine.

Jan. 8. Cough and dyspnoea much less; slept well; no pain in side, appetite better; stronger; no palpitation; less bronchial breathing.

Jan. 9. Much better, but a little pain in side. Weather wet.

Jan. 16. Cough gone for two or three days; dyspnoea on ascendency still, but not at any other time; much stronger; no

pain; sleeps well; appetite good; eats meat; yesterday had sharp pain in left hypochondrium, then ascending; still some bronchial breathing.

April 17. Has remained quite well, running and being exposed to cold and wet with impunity. For six days, weakness; fainted to-day; dull head ache. Took six doses of *China* cm (Fincke) which soon relieved her.

She remained quite well till Sept. 27, when she caught cold. I saw her on Oct. 2. She had cough, worse in morning; thick, blackish expectoration with the cough; cough causes pain in left hypochondrium; cough causes nausea; palpitation returned; weak feeling at times, comes and goes suddenly; bronchial breathing of left chest increased, and a little crepitation there. *Nux vomica* mm (Boericke) one dose.

May, 1874. Has been quite well, except at times a pain in side.

July 31, 1876. I have not had to prescribe for her since. She is now in good health, is married and has a healthy child. I was invited to the wedding breakfast, and the bridegroom proposed my health, saying that but for me he should not have been able to call her his wife that day.

Remarks. In the above case each remedy was selected according to the symptoms only, without regard to the name of the disease, or according to any physiological theories, and the result was most gratifying. A professed homœopathic physician once asked me what remedy I gave in the first stage of phthisis, and seemed considerably surprised when I informed him that I gave what ever remedy was indicated by the symptoms. How would he have treated this case, and what success would he have had with his miserable routine treatment? What would pathology and physiology have availed him? Will any of the supporters of the new physiological "departure inform us the meaning of the symptom "shooting from center of sternum to left shoulder?" Will they tell us with what particular change of lung tissue this symptom was associated, and what different changes would have existed if the pain had gone in the opposite direction? If they can not do this what becomes of their boasted "pro-

gression?" It may be said that this knowledge is in the future. Be it so; but when discovered will it enable us to select the remedy and to cure with any more certainty than we do at present? And if not, what is the use of it? The truth is, that symptoms which are diagnostic of the disease are rarely, if ever, diagnostic of the remedy; because, the symptoms which enable us to diagnose the disease are generally symptoms common to a very large number of cases, which enable us to group them together; whereas, the symptoms which are diagnostic of the remedy are those which belong to the individual case of the individual remedy; symptoms which are common to a large group of cases, also belong to a large group of remedies, and hence are of little value.

CASE II. Nov. 15, 1875. Miss —, aged forty. For seven days, burning, throbbing and itching in vagina and external genitals, especially the latter; worse on the left side; for some weeks numbness down left leg; for three months, swelling in hypogastrium; abdomen swelled and feels hard internally; yellow discharge from vagina; on the mucous surface of genitals reaching as high up as she could see, and on the external parts, especially near urethra, are whiteish patches like aphthæ, and when they are removed a red, raw surface is felt, uneven to the touch and with little red elevations on it; the throbbing is relieved by lying still; the burning is worse from cold and from washing, especially cold washing. For a week has not been able to go to the closet, on account of the draught of air increasing the pain, but had to use the chamber utensil; the throbbing, burning and itching are worse if she thinks about them, and thinking about the pains also makes her want to urinate; menses delayed a week, and previous to their last appearance, delayed eleven months; for seven days the contact of the urine has made the parts burn; for six days thril in urethra when the urine passes.

According to Guernsey's Characteristics on page 572 of his Obstetrics, I selected *Mercurius vivus*, and gave a dose of 10 m (Fincke) every three hours.

Nov. 16. Better after second dose. Menses came on after the improvement set in. Continued medicine.

Nov. 17. Still better. *Mercurius vivus*, mm (Swan) every three hours, the first dose at five p. m.

I gave a higher potency because the 10m, though it relieved, did not act with that rapidity with which I have almost always found medicine act on this patient.

All the evening after this first dose of mm was quite free from pain, and had only the itching; she did not feel such relief from 10m. Took another dose at eleven p. m. and felt pretty well all night.

Nov. 18. Took another dose this morning at ten a. m. Taste costive to-day; at one p. m. no throbbing; burning slightly returned; itching less; scalding of urine decidedly relieved; swelling of abdomen continues; menses still lasting; less aggravation from cold air when at stool since she took the mm; thrill gone; numbness in left leg still; says the last medicine has done her more good than the first. As she understood Hahnemannian Homœopathy, I gave her some more globules of mm to take, if necessary.

Feb. 1, 1876. Sent me the following report: The acute symptoms all went and returned in two days, but less, and then went away again without requiring medicine. On Nov. 25 they returned and did not decrease, so she took another dose of mm which removed them completely. After the last dose, the swelling in hypogastrium and swelling and hard feeling in abdomen gradually ceased, disappearing later than the other symptoms; the discharge was relieved by the medicine; the numbness in the left leg went after taking the mm, but before the last dose. No return up to to-day, Feb. 1, of any of the symptoms, except that a slight discharge continues.

As she had afterwards to take other medicines, the effect of the *Merc.* upon the discharge was complicated, but I believe from the relief it gave, that it would have cured it.

Remarks. Hahnemann says, (Organon, 287 note) that the higher the potency the more rapid and penetrating the action. The above case proves this; the 1,000,000th potency did more than ever the 10,000th could do. I have seen a case when *Phosphorus* 1,000,000 (Fincke) rapidly relieved a cough, after the

Sept-3

100,000 (Fincke) given for two days had done nothing. In another chronic case, when *Sulphur* 2,000 (Jenichen) and 100,000 (Fincke) had done nothing, successive doses of mm (Boericke,) 10mm (Swan) and 20mm (Swan,) partly relieved; the completeness and duration of the relief being in proportion to the height of the potency. These are facts, which the sneers of those who fail, because they do not know how to select their medicines, can never overthrow.

It may be noted that in this case, symptoms, as a rule, disappeared in the inverse order of their appearance.

This case confirms some of Guernsey's key notes, and also add some important clinical symptoms for future verification, especially with regard to the mental conditions, which may be added provisionally to Hering's Analytical Therapeutics.

CASE III. Dec. 15, 1875. Miss — caught cold on evening of eleventh; sore throat commenced on twelfth; she has now pricking in right side of throat on swallowing any thing; right side of throat feels swollen, hot and dry; right tonsil is inflamed and ulcerated; pulse 108, intermittent and weak; cold air hurts throat; tongue has a thick white coating. *Mercurius vivus*, 10m. (Fincke) every two hours.

Dec. 17. Very much better; tongue cleaning at edges; stronger; throat better; swallows better. Continue every three hours.

Dec. 18. Throat well; tongue only white in center. Stop medicine.

Dec. 20. Quite well, except that appetite is not quite so good as usual.

Remarks. The aggravation from cold air may be compared with that in the preceding case.

CASE IV. Mr. —. For sixteen days, pain in first, left upper molar tooth, suddenly coming and going, dragging downwards; during the pain he is sleepy and low spirited; the pain comes on in paroxysms, lasting about ten minutes at a time, at intervals of about twelve hours on an average.

He has now, eleven p. m., just recovered from an attack. I gave a dose of *Belladonna* dm (Swan,) and told him to repeat the dose after each attack.

During the next two days, had three and two slight attacks; morning, afternoon and evening, and morning and afternoon, respectively; after which the pain ceased. Took two doses altogether. No return of the pain.

Otitis Media from using the Nasal Douche.

November 9, 1875. Mr. R., aet. fifty-four. Sharp pain in both ears following use of a solution called "Sanford's Catarrh Cure," injected from a tin cup on a shelf, through a rubber tube placed in one nostril. Pain and noises in ear relieved by treatment, without suppuration becoming established. The following week the apparatus was again used. Violent pain followed immediately, and after a sleepless night, discharge from the left meatus of purulent matter. An examination showed general inflammation, with a ragged perforation of the drumhead in the inferior quadrant.

December 10, 1875. Mr. R., aet. twenty-nine. Consumptive. Has used a salt and water injection through the douche three times a day for ozæna. While using it his wife "made me laugh," and a "rush into both ears like a trip-hammer" was felt. Sharp pain followed; the next morning it was agonizing, and there was tenderness behind the left auricle. The drumhead was incised on this side, setting free the accumulated secretion, and relief was obtained. Patient passed from observation, but I am informed that suppuration from the left ear continued until his death, last May, from pulmonary disease.

December 27, 1875. Mr. B., aet. forty-eight. A strong, hearty man, of active occupation and habits. Six weeks before he came under observation, had pain in both ears following the use of "Dr. Manning's Catarrh Specific," injected by a douche with fall of two feet. "Dr." Manning's catarrh remedy evidently contains *Carbolic acid* and *Glycerine*, apparently in safe proportions. The ear-ache was checked by hot water, and leeches to the tragus before suppuration became established in the right ear, but there was profuse discharge from the left meatus, coming from the middle ear

through an opening in the drumhead. Passed out of observation because he "did not believe that a discharge from the ear should be checked." I am informed that the suppuration, with accompanying deafness, has continued until the present time.

Miss S., aet. nineteen. Chlorotic. Has had ozæna for many years. Has been treated in different ways, and for a month previous has used a Thudichum douche with a fall of about three feet. Salt and water and a solution of tannin were used alternately, morning and evening, with great benefit, so far as the nasal inflammation was concerned. October 4th, "took a fresh cold," and used the douche a number of times during the day, passing a pint of the solution through the nostrils at once. Severe pain in both ears followed by the involuntary act of deglutition, occurring the last use of the douche, and a yellow discharge from both external canals appeared in the course of the next day. This patient came to me for advice with sub-acute otitis media, with profuse granulations sprouting from the orifice in the left drumhead; and a small polypus filled the perforation of the right. A cure was effected after tedious treatment.

Mrs. R., aet. thirty-eight. Mother of eleven children and in delicate health. Used the douche occasionally for "colds in head." The day previous to first visit "noticed a strange feeling in both ears while cleansing the nose and throat with salt and water." The douche was on a shelf "about three feet over the head." A "jarring noise," gradually increasing, and finally intense pain, brought her to visiting her physician, and I saw the case in consultation. Prompt treatment prevented suppuration, but there were marked symptoms of congestion, injected vessels in the line of the handle of the malleus for twelve days.

Mr. S., aet. nineteen. Chronic catarrh since childhood. Has used one of Dr. Clarke's ear douches for injecting salt and water in the nostrils at intervals for several months. Ten days ago used the douche in the morning as usual, without any untoward symptoms. Shortly afterwards "felt something in the ears," and on making efforts to relieve by

the Valsalvian method, tasted salt in the mouth. The relief gained was temporary, and toward night had a "regular ear-ache." This was the commencement of a severe attack of otitis media purulenta, and accompanying impairment of hearing, which, however, yielded to treatment.

I HAVE had quite a run of diphtheria this summer; had first rate success; gave only *Permang.* or *Bichromate of Potash* and every third hour *Protiodide of merc.* These remedies brought every one of them through except one, which came into my hands after a weeks treatment by another, so called physician—a woman and a heroic prescriber. N. B. W.

Book Notices.

Fifth Annual Report of the State Homœopathic Asylum for the Insane, at Middletown, N. Y.

This is one of the most interesting documents we have found on our table for a long time. In common with all our profession we have felt much anxiety for the fate of this pioneer institution, the first state insane asylum under homœopathic management. In the September number we gave a brief summary of the work being done under the able management of Dr. H. R. Stiles. In this report we have a detail of operations that makes our heart glad to read. There is no need of a fear of failure through a lack of success. *Opium*, *Chloral*, and *Bromide of pot.* have been discarded in all appreciable doses and a true art of healing introduced. Happy patients! Happy doctors! We congratulate you.

Indoor and Out.

This is one of the most beautiful monthly pictorial papers published in the country. It is in the hands of the enterprising Pictorial

Printing Co., of Chicago, and it is enough to say that Geo. E. Blakelee, the well known editor is in charge of it. The editor of the *ADVANCE* is one of its most constant, but least valuable contributors. This fact may deter many of our readers sending \$2.00 to Chicago for one year's subscription to the journal, but we can't help it.

The American Naturalist.

This is one of the most welcome journals that comes to our table; the new management seems to have improved it in many respects. The September number is finely illustrated by four well executed lithographs, besides numerous wood cuts. It is doing a good work in popularizing natural history. H. O. Houghton & Co., Publishers Boston, Mass.

Miscellaneous.

Cincinnati Homœopathic Medical Society. August 7th, 1876.

At the regular meeting of this society, Dr. T. P. Wilson read a paper entitled *The Loss and The Remedy*, the object of which was to show the need of more extended data in order to solve the problems of medical science. These data are the clinical facts occurring in the practice of each doctor's daily life. No record is kept of these facts, and the result of the loss is, that in medicine we make no advancement in some directions, and but little advancement in many others. The remedy is to teach our practitioners to record their cases—gather them up year after year; and these records left in care of some society at death, would be of infinite value in collecting statistics and ascertaining the laws of drug action and determining many questions that now perplex us.

Dr. Harpel said, when, in 1841, I started in practice I commenced to keep a book of records. For six or eight years I never laid down to sleep at night without first writing out the important facts of my practice during the day. After that, I confess, I grew lazy and gave it up. I had no special stimulus to continue it. I have always been sorry I did not keep at it. For many years this old book was referred to with profit. Much to my regret it was finally lost. I would give a good deal to find it. I still make marginal notes, but these are scattered through many books; and their lack of order lessens their value. But what a book of important facts a physician in good practice could make in ten years! If I had a son starting out in practice, I would urge him by all means to keep a daily record of his work. His book in after years will be worth more than gold.

Dr. B. Ehrman said; when I commenced practice I had such a book, giving the symptoms of my case, the remedy used and the result. When in Harrisburg with Dr. Benj. Baker, and we had thirty and forty patients a day, we wrote it all down; but it took up all our spare time. Afterwards when I went into business alone, hard work broke up the habit. But these cases were of great value. We want facts. Now I can give you a few of them. We were told years ago that *Kali hyd.* was of no use in high potency. It must be given in the massive doses of the old school or it would do no good. I made a high potency of it; this was many years ago. With this I treated gum boils and sore throats with success. I caught a severe cold followed by a cough that was troublesome at night; gave me little uneasiness in the day time but for four weeks came on every night. During one of these attacks, got up and took a dose of this *Kali hyd.* 30, and the cough was all gone and troubled me no more. Had a patient once troubled with post partem tympanites, and with other symptoms pointing to *Arnica*. This was not however given, because at that time, tympanites was not thought characteristic of the drug. This patient died. After that had another similar case, gave *Arnica* and she was soon well. You will find this symptom in the patho-

genesis of this drug as given by Lippe. I had a patient with renal colic. Looked up my clinical record and found Small said *Arnica*. I couldn't see the relation, but in the retching, coldness, vomiting and abdominal pains, there was the perfect picture. Gave *Arnica* 30 and the patient was well immediately.

Dr. F. Ehrmann said he was called to see a lady when he first began the practice of medicine. She had what is called wandering gout. To attacks of this she had long been subject. It was 11 p. m.; she was in great pain. I dissolved *Puls.* 30 in a vial of water and gave her an inhalation of it. In a few minutes she said, "O I feel so much better" and went to sleep until morning. Gave her no more and she had no return, for two weeks, of the pain. Then when the attack came on she took another inhalation, and was immediately relieved. Hahnemann's rules as laid down in his *Organon* are what we must follow if we would succeed.

Dr. Leech: I once had a case of renal colic; the patient had long been subject to these attacks. Gave *Arnica* 30 and four doses cured her, so that she never was troubled with it again. Had a patient troubled with inveterate constipation; would go two or three weeks without an operation. He had a semi-paralytic condition of the side of his face; a feeling of stiffness of the larynx; and his stools, when they did occur, were long and thin. Gave him a dose of *Causticum* 30 and asked him to wait until I attended to another patient. He had had no stool for eight or ten days. Before I was ready to wait on him, he went to the water closet and had a natural stool, and was never again troubled with constipation until he died, three years afterward.

Dr. Slosson: A case of gall stone, producing hepatic colic with great soreness in the side, indicates *Arnica*. The potency is no objection; the higher the better, only so it cures. Inhalations are just as good, judged by the same results. They tell us, "O this is all a coincidence; the patient would have got well any how." But the lower potency and the crude drug is subject to the same condition. Do they cure? That is the question. Are these men who use high

potencies deceived? Are they ignorant? Are they deceiving others? No; they must be judged as are others, by their works. As for Dr. Wilson's paper, the idea is a good one. Bring up our young practitioners in the habit of recording their cases. Their clinic books would be of immense value. By their help, we can reach grand results. The investigations upon which we base our pathology have all been made in allopathic hospitals, and we do not know if the patient died of drugs or disease. We find certain results, post mortem, but what are they caused by? We must have records of patients under homœopathic treatment. There is our true pathology, unless indeed we should take them having died without any treatment whatever.

Dr. Beckwith: Twenty years ago we had better success than now. In those days homœopathic doctors were few, and had few patients, and they studied up their cases with more care and treated them with better results. Those early doctors carried their books to the bedside of their patients, and there studied out the remedy. Unfortunately this has gone out of fashion. The statistics of our school are mostly twenty years old. We talk of what was done in Vienna and Leipsic and Cincinnati at that time. Where are the statistics of to-day? We are not getting them as we should. We are reaching out for official positions in our asylums and hospitals. But where are our statistics to back up our claims? In a quarter of a century we ought to have accumulated an overwhelming evidence of our superiority in treating disease. We must do this or be swallowed up by the statistics of the allopathic school. They are trying the expectant treatment—no medicine at all, and with better results. But we must show still better results by our carefully prepared statistics, or we make no more progress.

Dr. Crank: Dr. Raue as you well know gathered up the statistics of the year in his Annual Record, but the profession wouldn't buy it. They don't want facts. The profession would not care for these clinical records when made, according to Dr. Wilson's plan. [In this the speaker was sarcastic, meaning to make a well merited blow at the pro-

fession, that could not show its appreciation of Dr. Raue's work, which is now, alas! suspended.]

Dr. Owens: We should get at the pathology of our cases. *Arnica* is a remedy for trauma. It is good for nothing in pure inflammatory conditions. So *Causticum* is a remedy for paralysis, it exhausts the nerves of organic life. This accounts for the results obtained by these drugs. No drug ever cured any disease; drugs modify morbid conditions and nature cures. In renal colic, *Arnica* relieves the spasm of the ureter; modifies the pain; that is all. If we don't understand the pathology of the case we can not report them and this is what our doctors do not seem to understand.

About that Diagnosis. By Geo. M. Ockford, Hackensack, N. J.

In August number of your journal I observed an article by W. S. Mullins, M. D., headed, "A Diagnosis Wanted." Without attempting to give a diagnosis of this case, I would only state that a patient presenting a similar train of symptoms came under my care once, and after battling with them for a while, I determined that the trouble was due to the presence of intestinal worms in the stomach, and so was led to give *Santonine* the first trituration, a powder twice a day for three days. The result exceeded my most sanguine expectations. But one choking spell occurred after giving the *Santonine*, and upon that occasion a large specimen of the *ascaris lumbricoides* was vomited up. Some other remedies were required to improve the general health of the patient, but having got at the animus (or rather the animal) of the trouble, the rest was easy sailing.

The Metric System.

There has been recently incorporated in Boston an association of teachers and others interested in the introduction of the Metric weights and measures, under the name of the American Metric Bureau. Art. 2 of its constitution reads as follows:—

“The object of this Bureau shall be to disseminate information concerning the Metric System; to urge its early adoption; and to bring about actual introductions wherever practicable. To this end it will secure the delivery of addresses; publish articles; circulate books, pamphlets and charts; distribute scales and measures; introduce the practical teaching of the system in schools; and in all proper ways, as far as the means at its disposal will allow, the Bureau will urge the matter upon the attention of the American people till they shall join the rest of the world in the exclusive use of the International Decimal Weights and Measures.”

This Bureau already includes among its members many of our prominent educators, and its numbers are rapidly increasing. An office has been opened at 13 Tremont Place, Boston, and as soon as suitable arrangements can be made, branch offices are to be opened in New York, Philadelphia, Chicago, and other central localities, where all persons interested are invited to call or to write freely in regard to any matter pertaining to the work of the Bureau.

The Metric System of Weights and Measures has been adopted in France, Germany, Austria, the Netherlands, Southern Europe, and South America, and has been legalized in Great Britain and the United States.

The Metric Tables are decimal and simply related; for example:—

		LENGTH.	
10 milli-meters make	1 centi-meter	($\frac{1}{100}$	meter)
10 centi-meters	“ 1 deci-meter	($\frac{1}{10}$	“)
10 deci-meters	“ 1 meter	(1	“)
10 meters	“ 1 deka-meter	(10	“)
10 deka-meters	“ 1 hecto-meter	(100	“)
10 hecto-meters	“ 1 kilo-meter	(1000	“)
10 kilo-meters	“ 1 myria-meter	(10000	“)

Editor's Table

PROBABILITIES.—Lively times about these days among medical students. In the morning with moist eye and chalked hat, they may be seen rushing for the depot; by noon, dusty and hungry emerging from the cars hunting for "vittles," and by night, dilapidated and doubtful, they may be seen entering the city, enquiring out the residences of the Dean and Registrar. Long faces, light pockets and increased pressure on the brain may be looked for toward the end of winter. Dry and dusty areas over a large part of the lecture course with a hazy or dark cloudy condition of the atmosphere, followed by limited spots of intelligence breaking out in the class. Look out for thunder toward the latter part of the term.

DR. A. O. BLAIR, the well known homœopathic veteran, has happily reached, during the present month, his golden wedding anniversary. In commemoration of the event, his many friends have each agreed to send him a gold dollar. This occasion has served to recall many pleasant circumstances in the life of the venerable doctor. His long years of service in the cause of Homœopathy as a writer, teacher and practitioner of medicine, might fittingly be recognized by the doctor's elevation to a rank of nobility; but he has something better: the honor of the profession to which he belongs, and the love of a wide circle of friends. Dr. Blair's address is, Westerville, Franklin Co., Ohio.

CONSIDERATE.—A doctor who has taken the **ADVANCE** since it first began, refuses to pay for it, and sends his compliments and says: "I am glad to notice a steady improvement in the **ADVANCE**, and wish it all the success its merits and the enterprise of its publishers deserve;" and he should have added, "I am sorry that I can not hang upon it any longer like a leech in order to gorge myself on its rich blood."

A GENTLEMAN well known in the Eclectic school writes us: "I like your journal very well. The article on *Sepia* is very excellent, while the general character of the balance of its articles are not only instructive, but full of interest.

"I am not a full fledged Homœopath, having graduated at the E. M. Institute, but I am testing the law of similars by using homœopathic remedies, and am well satisfied—therefore, I am gradually feeling my way towards a pleasanter and more efficient mode of medication. There is an immense amount of ignorance among Eclectics in general, in regard to the principles and merits of the homœopathic practice, and it is the object of such men as Garrison and Pitzer, editors of small eclectic medical journals, to get up a fierce howl in order to influence the more timid from investigation; but the day for small men to succeed is gradually passing away.

We propose to keep them warm in the future, and to make medicine what it should be, pleasant, safe and efficient."

WHO IS I. E. Sawyer whose name appears on the board of censors of the Cleveland school? And who is I. N. Sawyer whom the *Observer* puts down as President of the Michigan State Hom. Med. Society? They both seem to be residents of Monroe, and as that is the home of our genial friend A. I. Sawyer we fear these gentlemen will get badly mixed, and that the latter gentleman will be robbed of his well earned honors by these interlopers.

ERIODICTYON GLUTINOSUM (YERBA SANTA.) CORRECTION.—In naming the above plant, we followed the Mexican Boundary Survey, but the new botany of California, just out, corrects both the spelling and specific name; it must now read as above. T. F. ALLEN, Ed. Encyclo. M. M.

DR. JOHN A. HUBINGER, of Wyoming, O., has sold his practice to Dr. J. Q. A. Coffeen, formerly of Dayton. Dr. H. goes to Florida, on account of his health. A correspondent writes:

He leaves many warm friends behind him in Wyoming and vicinity, by all of whom he will be greatly missed, for it is perfectly safe to say that in individual and family friendships, professionally, or as neighbor and citizen, but few are

honored as Dr. Hubinger has been during his five years' residence in our village. His skill and success in fighting the small pox disease last winter, when it threatened to become epidemic in this neighborhood, will not be soon forgotten.

After Council had adjourned the same evening, and just as the members and visitors were about to disperse, Mr. Moffat, Clerk of Council, placed on the mayor's desk a beautiful silver water pitcher and goblets, which were presented by Mayor Hannon in a neat and appropriate speech to the Doctor, "as a tribute to his worth as a citizen and physician, and as a slight token of the esteem in which he is held by his friends in Wyoming, Maplewood and vicinity." The good Doctor was surprised (although he said some one had hinted in his hearing that there was a "caning" in store for him before he left for his new home) and received the gift in a few expressive words of thanks.

NEWSPAPERS AT THE CENTENNIAL.—The Special Correspondent of the London *Times* says it would be difficult to find an apter illustration of the big way in which the Americans do things than that furnished by the "Centennial Newspaper Building," in the Exhibition grounds. Here you may see any one, or, if you like, all of the 8,129 newspapers published regularly in the United States, and see them, one and all, for nothing! You are not only permitted as a favor to see them, but invited, nay, pressed, to confer the favor of entering the building and calling for what paper you like. It is about as cool and agreeable a place—quite apart from its literary attractions—as a visitor to the Exhibition could wish to be offered a chair in. He may at first wonder how, among 8,000 papers, among them such mighty sheets as the New York *Herald*, he is to get at the small, loved print of his home, thousands of miles away, it may be, over the Rocky Mountains. But the management is so simple that, by consulting the catalogue, or even without the aid of the catalogue, any one can at once find whatever paper he wants. They are pigeon-holed on shelves in the alphabetical order of their States or Territories and their Towns, the names of which are clearly labelled on the shelves. The proprietors of the Centennial Newspaper Building are advertising agents, the largest in all America—Messrs. G. P. Rowell & Co., of New

York. Their enterprise will cost altogether about \$20,000, or £4,000, including the building and the expenses of "running" it for six months. The 8,000 and odd American newspapers are declared, by the same authority, to exceed "the combined issues of all the other nations of the earth."

ANOTHER PROMOTION!—One of our subscribers turns out to be a D. D. He writes, "I treat all the clergymen in this town (gratuitously of course) and so I think doctor more divinity than any other live man."

DR. P. B. HOYT to Paris, Ill.

DR. F. O. CLEMMER to Germantown, O.

DR. H. K. HARKER has opened an office at 1537 Eastern av., Cincinnati.

Pulte College.

EDITOR OF THE ADVANCE:—It may interest your readers to know that the recent opening of the above named college was, under circumstances, very gratifying to the Faculty and friends of the college, and something of a triumph for Homœopathy and the profession at large. Owing to financial troubles former classes had but slightly increased in numbers over the first term, for although the tone and character of the college curriculum had not in the least let down, yet physicians and students throughout the country hesitated, not feeling certain as to the perpetuity of the institution, since the withdrawal of the proposed endowment. But the steady work of a united faculty determined to build up a first class college, with an enduring reputation for thoroughness of drill, and soundness in medical culture is now bearing its legitimate fruit. There were nearly double the number of matriculants present at the opening lecture than at any previous term, and a nicer looking lot of heads than these same students present, grouped in the lecture room, you would have to travel far to find, and knowing pretty well what proportion in numbers these first comers bear to the whole class, we are certain to have the largest class ever assembled in this young institution.

The introductory lecture, by Prof. C. D. Crank, was one of the finest ever delivered in the college. A more finely arranged and eloquent plea for culture in its broader sense, and its necessity, especially to the physician, could hardly be imagined, and very seldom heard. Prof. Crank believes with Huxley, that natural science lies at the foundation of the knowledge and well being of man. Altogether

Pulte College has made a very happy beginning for the coming college year, and may well feel proud of its present position and out look, in such happy contrast with its former tribulations.

A very large majority of those who have already matriculated, have taken the grade course, appreciating the unusual advantages offered for so doing, by the double course of lectures, and the clinical advantages of the college. The regular term is fully inaugurated, and both faculty and students full of enthusiasm and work. J. D. B.

[We would like to hear from all the colleges. Let us know how your session opens, gentlemen.—Ed.]

FOR SALE.—A medical practice worth \$3,000 a year in a beautiful town in Ohio. Can be had by purchasing a fine residence worth \$3,500 for \$2,400, one third down and the balance in one and two years. Address, G. F. HARDING, M. D., Caledonia, O. Oct 21

[From Sept. No. Scudder's *Med. Jour.*]

WM. S. MERRELL & Co., of Cincinnati.—The pharmaceutical preparations of this firm have been approved by the medical profession for a period of nearly thirty years. Their more recent remedies, prepared from *green roots* (the list of which is being constantly enlarged), are meeting with especial favor from physicians of all schools. In addition to the standard Green Tinctures of Gelsemium and Veratrum, which have long been in the hands of the profession, they now offer Green Tinctures of Aconite, Macrotys, Gossypium (bark of root), Collinsonia, Phytolacca, and many others. Their Fluid Extract of Epilobium Palustre is an invaluable remedy in chronic diarrhoea and dysentery, and should be carefully tested in these diseases.

Most leading wholesale druggists keep the specialties of W. S. M. & Co. in stock: and a general assortment of their Resinoids and Alkaloids, Fluid Extracts, Sugar-coated Pills and Granules, Elixirs, Ethereal Oils, etc., may be obtained in the cities of Chicago, St. Louis, Indianapolis, Cleveland and Pittsburg.

Physicians who prefer to order from wholesale druggists of other cities, should be careful always to specify, "Wm. S. M. & Co.'s preparations."

A complete list and price current of all their preparations has just been published in pamphlet form, which will be sent free to any one, on application to Wm. S. Merrell & Co., No. 5 West Fifth St., Cincinnati.

JOHNSON'S \$30 Health Lift is just the thing for doctors and their patients.



T. P. WILSON, M. D., GENERAL EDITOR.

VOLUME IV. CINCINNATI, O., NOVEMBER, 1876. NUMBER 7.

All business communications, relating to the *MEDICAL ADVANCE*, should be addressed to DR. T. P. WILSON, Cor. 7th & Mound, Cincinnati, O. Terms \$2.50 a year.

WE HAVE simply been waiting to hear the result of the explosion at Hell Gate. If it resulted in blowing New York and vicinity "into viewless air" there would be no need of this article, for a part of that vicinity is a beautiful spot, in the East River, known as Ward's Island, and it is about this spot we are now writing. A few weeks ago, in company with Dr. A. K. Hills, we were standing on the beautiful shore of the island looking at the swift and glassy current that swept past at our feet.

"Where" we asked "is Hell Gate?" "Right there" the doctor answered, pointing a few hundred feet away. "What! Are the miners at work just under there? Is it there they are going to place nitro-glycerine, dynamite and tons of explosive material and blow rock and water skyward? Why, doctor, what are you going to do with 'Heaven's Gate' I see standing open behind us? It must surely be thrown down by the concussion." "Ah," said the doctor, laughing, "Never you fear. Is it not written 'The Gates of Hell shall not prevail against it?'"

The doctor was right and so were the scriptures, if we could only be sure they referred to Ward's Island Hospital. It stands there still in all its beauty, a veritable Gate of Heaven to many a needy

creature. It looks proudly on Hell Gate destroyed and generously opens its widening doors to the suffering poor. But Ward's Island Hospital is not so demure a thing as it might be. It is itself, in another realm, all that General Newton's sappers and miners were to Hell Gate. It is quietly and irresistably undermining as broad and deep a fossiliferous bed of rock as ever obstructed East River. It will not rend things with a blast and a roar, but it will, as surely as dynamite, open a new channel and change the current of public thought. This is no riddle except to those who are not well posted on the events of the day. The dominant allopathic school has been lying like incubus, on all the public medical institutions of that great metropolis for years. As a medical school it has undoubtedly served its day and generation well, but its day is well passed and its generation is fast following after. At least this is undeniable: the day in which it could take us to the top of Trinity Church steeple and say, "now you see all these numerous hospitals that stretch away from Harlem to Staten Island and that dot our proud city over! Well they are all ours and have been since their foundations were laid and are likely to be till they crumble in the dust. They haven't cost us a cent but they represent millions which we possess and hold by divine right!" that day is past and Ward's Island Hospital is proof positive of the fact. It is now and likely to forever be in the hands of a medical school not allopathic. The assignment of this large and beautiful institution to the homœopathic medical school was a remarkable innovation on the established order of things. The true significance of the act is not seen except to those deeply versed in medical matters of New York City. But it means an upturning of that which has been long imbedded in the prejudices and practices of public affairs. It means a new life infused into the administration of hospital service. It means a revolution, silent and irresistible, that is fast breaking down the barriers of progress. It means that hereafter the allopathic school will no longer form the whole, but a part only, of the public medical service and that the homœopathic school will form the other part. It is no experiment but a fixed fact, that neither dynamite nor bigotry can overthrow. No wonder the genial doctor felt very happy and proud as he led us through its beautiful wards and that in parting he earnestly said: "This is our pet. Say a good word for it in the ADVANCE." We have.

AND NOW it's *Salicylic acid*. As near as anything can be, this drug is a specific for inflammatory rheumatism. Our allopathic and eclectic exchanges are lauding its virtues as a rapid, safe and sure remedy. Of course we believe all they say. We always do. When they discovered the wonderful powers of *Propylamin* in the treatment of the

same disease, we swallowed the statement made but neglected to use the drug, and it is well we did for it is fallen now into sad disrepute. But then diseases do change so often we can not expect a remedy to keep up its reputation long. It was the same way with the *Alkaline* treatment, when it was discovered that inflammatory rheumatism was caused by an acid condition of the system. It was so rational, you know, to antidote the acid with an alkali! Ah, this was a day of triumph for the physiological school! But presto change! and inflammatory rheumatism is so modified that we now give an acid in treating it. The disease has lost all its terror. In a few hours at most it shrinks away to nothingness. There is no hope for its continuance save in another change of its character. When this occurs then of course *Salicylic acid* will loose its grip and we must hunt round for some other rational agent. This is what makes medical science progressive. It is like the game of gool played by children. You see it sitting very contentedly on some favorite spot, but before that spot is fairly warm it is off for another, and still another, the last spot better than the former spot and the one sought for better than all the rest. Restless and dissatisfied it hurries on from gool to gool, forgetful that it is continually coming back to places it has before occupied, not once, but many times. Poor thing, how its childishness excites our sympathy. When will it have done with the game of gool and give some rational thought to the proper diagnosis of disease? So long as it is content to call inflammatory rheumatism, that which rightfully should be differentiated, into well recognized and unlike morbid states it will not fail to accept this pseudo specific treatment as the *ne plus ultra* of scientific medicine. Just wait and see in how short a time this boasted *Salicylic acid* treatment will be found to have an important flaw in it. A few failures to cure, would settle it effectually. Not a suspicion of any failure in the diagnosis. All inflammatory rheumatism must be alike or it wouldn't be what it is. The fault must be in the drug therefore it is relegated to obscurity. Well, these things do not disturb the homœopathic school. The value of a drug never deteriorates on our hands. It goes into the mint of our provings and gets its valuation stamp like a coin and we mill it on the edge and send it as legal coin into the world to be received at par by all nations. The homœopathic school never amuses itself and deludes the world by playing gool, or pussy wants a corner, just for a pastime.

On Hahnemann's Citations from Authors. A reply to Dr. Lippe. By Dr. Richard Hughes, Brighton, England.

In the September number of the Cincinnati MEDICAL ADVANCE is an article by Dr. Lippe, entitled the "Physiological Livery," in which he assails the position taken up by myself and some others, in applying the Homœopathic rule to practice. As he has advanced similar objections in the United States *Medical Investigator*, and as I have said my say on the other side here, I will not renew the conflict in these pages. But, in the article communicated to this journal, Dr. Lippe has made remark upon some other work of mine, which, for the sake of truth as well as for my own sake, require a counter statement.

I have for some time been engaged in the task of consulting the originals of the citations from authors, which form a large part of many of the pathogeneses of the *Materia Medica Pura*. My results are embodied in Dr. Allen's great *Encyclopædia*; and in a note to his preface, published in the first volume, I explained the object and advantage of the researches I was making. It is of this work that Dr. Lippe makes the strange statements which I find in his article.

First, assuming that I and those who think with me, are endeavoring to make a new departure in Homœopathy, he writes: "Dr. Hughes has given us long preludes to this final march. His first step was to create a distrust in Hahnemann." And then he refers to my examination of the pathogenesis of *Belladonna*, which appeared in the *British Journal of Homœopathy* for 1873. Now let me assure Dr. Lippe, that I have had no such deep laid scheme in my mind as he supposes. In the papers in question, I have given the simple and true account of the matter. I had to prepare an arrangement of the pathogenetic effects of *Belladonna* for the Hahnemann *Materia Medica*. The 1440 symptoms of the drug which appear in the third edition of the *Materia Medica Pura* formed a large part of my materials. Those of their number which were contributed by Hahnemann and his fellow provers, I could only accept and transfer as they stood. But the 445 symp-

toms which purported to have been taken from authors seemed to me, to demand a different treatment. I could, at some pains, examine their originals, and ascertain the circumstances under which the several observations were made. The results, moreover, of the work previously done in this field—as by Frank, Roth, and Langheinz—had shown that Hahnemann's citations could hardly be received with the same confidence as his original work. I felt it my duty, then, to consult such of the authors used by him in compiling his pathogenesis of *Belladonna*, as were accessible to me at this day; and the results which seemed to me sufficiently interesting and important to be published in *extenso* in the *British Journal*.

This is the plain account of the matter. It was no "prelude," no "first step" towards a contemplated end; there was no thought of "creating a distrust in Hahnemann." So far as distrust in him as a *citer* had to do with it, it grew out of such a feeling excited by the previous work of others, and I can only refer my readers to Langheinz's examination of the pathogeneses of *Opium*, *Moschus*, and *China*—as translated in vols. xxii and xxiv of the *British Journal*—for evidence that distrust was here inevitable.

But, secondly, Dr. Lippe goes on to intimate that the only result of my investigations has been, that I have been "unable to find some of the quotations made by Hahnemann," and that I "evidently want the inference to be drawn that these quotations are not true." Dr. Lippe must allow me to say that he has read my papers very superficially to derive such an impression from them. In my note to Dr. Allen's preface, and more fully in the *Monthly Homœopathic Review*, for November, 1873, I have stated the benefits resulting from such examinations to be three, viz: verification, illumination, and correction. The verifying of quotations is every where recognized as giving increased value to a new edition of a book. To illumine the isolated symptoms of the *Materia Medica* by ascertaining their connection and the circumstances under which they were observed must be a gain to every one who uses them, and I myself regard this as the most important outcome of my inquiries. We have, then, under the

head of correction, the rectifying of copyist's and printer's errors, and (though I can not expect Dr. Lippe to follow me here) the stigmatizing as dubious or inadmissible of those symptoms which Hahnemann's own principles or those of common sense must condemn. Of all these results there are numerous instances in my examination of *Belladonna*, and in that of *Aconite* which I have appended to my article in the *Monthly Review*, and they are all outside the sphere of the "not found" which alone seems to have attracted Dr. Lippe's attention.

But a word upon this "not finding." I have never drawn any inference that symptoms coming under this class are "false quotations." I have never doubted the possibility of the faults of the failure as being (in some cases) my own. Every now and then I have subsequently discovered that of which I was in search, and have always corrected and explained my error. But the fact is this: I have, in Dr. Allen's work, undertaken the responsibility of Hahnemann's quotations from authors, and have guaranteed to all its students, that all such symptoms (unless their originals are stated to have been inaccessible) have received the utmost verification, illumination and correction of which they are capable. If, after reading and re-reading the observation to which a symptom is referred (and I can assure Dr. Lippe that I have spared no pains in the task) I find no trace of it, though others belonging to the same authority, may be readily recognized, what alternative have I but to note that it is "not found." I therefore relieve myself from all responsibility for it. I can not test it, it must stand on its merits. To take an instance: Symptom 383 of *Arsenic* in Hahnemann's *Chronic Diseases* is "great thirst; he drinks often but not much at a time." This is referred to Richard, and at the first appearance of Richard's name his observation is said to be found in *Shenk's Observations Medica*. I turn to the place mentioned and find a case of poisoning by *Arsenic* recorded by one Richard, in which all the symptoms credited to him occur, save three, one of which is that cited above. I go over and over the narrative, which is not a long one, but no trace of these three

symptoms can I discover. What can I do but ticket them "not found?" They may exist elsewhere, but it would be a *suggestio falsi* on my part to allow them to remain as part of Richard's observation without note or comment. I know that this particular symptom has been verified in practice, that is, it has led (among others) to the successful use of the medicine, but such verification does not make it part of Richard's observation.

This instance is a fair specimen of the "not finding" on which Dr. Lippe has thought it necessary to make such severe comment. I submit that I could do no less with it than I have done. Ere long (I have already gone as far as Menghanthes) I hope to publish the results of my examination of the authorities of all Hahnemann's medicines. If, in the meantime, Dr. Lippe will enable me, by finding the symptoms in question, to remove the negative mark against any of them, I for one shall have nothing but thanks to give him.

Words: Ideas: Things. By J. D. Buck, M. D.

Lack of mutual understanding is almost the sole cause of disagreement among men. Narrow and imperfect views are always hard and uncharitable. The broad vision of a wise man is always compassed and crowned with charity. What! says my disputatious friend at my elbow, would you have me charitable toward ignorance and untruth? Yea, verily! I would have you who claim more wisdom, see, that this man puts forth the thing as he sees it, that he entertains his view, as honestly as you yours, and is to be respected in it. Furthermore, we must remember that owing again to ignorance, words mask ideas quite as often as they reveal them. Take the simplest words in the language, and it has not the same

precise significance for two individuals. Take the simple negative "no;" you may utter it with any degree of force from a breath to the fullest intonation, and thereby change its meaning; you may give it a thousand inflections, and thereby change its meaning and a given force of utterance and a given intonation would not convey the same idea to, or express the same idea as from two individuals. And why? Simply because the individuality of man whether he wills it or no, adheres to every thing he utters.

One man says no, and he would go to the gibbet before he would unsay it; another says no, and would unsay it on the way to the gibbet; another would say it and unsay it "just for fun."

If then such a wide range of meaning may attach, does attach to the simplest word, expressive of an idea or a purpose, to will or to do, what are we to expect when attempting to state a complex proposition, by the use of many words, each capable of all the shades of meaning above indicated, and an infinite series of meaning due to association, or the relation of words in a sentence.

Every one is cognizant of the fact above referred to, yet all of us are more or less likely to overlook it in discussion, and taking it for granted that the idea conveyed to us by a given statement or proposition, is the universal idea, we proceed to castigate our opponent accordingly. Each is concerned almost exclusively in maintaining his own view of his own proposition, paying very little heed to any thing else, instead of trying to get all views of all propositions, or to use Newton's phrase, of "the full-orbed truth."

Take now the discussion in progress in the *ADVANCE* concerning "The Physiological Livery."

The matter at issue is really one of philosophy, and the disputants appear respectively under the banners of "symptoms" and "physiology." Neither party ignores either symptoms or physiology, though each places a different estimate in both; each has more or less of truth and fact and experience on his side.

Just to the extent that the view of either party is for the time partial and exclusive, just to that extent does it fail to represent the best, or the average conception of the matter.

I am no lover of creeds, as such. A creed is either a good or a bad thing according to the manner of regarding it. As the most simple and explicit expression of a conception or idea, claiming neither too much nor too little, and implying at the same time both more and less than the words by which it is set forth, a creed is crystalized thought, but as an ultimatum, something arbitrary, of an exact weight and measure, unyielding as an Etruscan bedstead, creeds are but fossils, marking on the dial of time neither truth nor progress. Now Homœopathy is to a certain extent a creed, and to some it represents the whole of medical science. Having formulated the medical creed, that which transcends it is useless, that which comes short of it false and unreliable! With the other party the formula is held so lightly as to mean nothing and to be worth nothing.

In therapeutics but one common ground has ever been discovered; there is nothing in common between drug and disease unless it be in symptoms.

Speculate as much as you please concerning the precise physiological or histological change which gives rise to the symptom, the nature of the symptoms, etc., etc., and after all you know and can know absolutely nothing of it. You can not measure it, or analyze it or comprehend it. From beginning to end it is a mystery. A certain drug produces a certain symptom, or group, or totality of symptoms. How? By acting in the ganglionic system of nerves, or by irritating the cerebro spinal system? Never mind how, you will never agree as to the how—and you will not long differ as to the group of symptoms if you are careful observers. A certain diseased condition manifests a similar group of symptoms. Why? On account of age, climate, heat or cold, miasm or psora? You will no more agree here than before, and in this direct connection would gain nothing if you could; viz. in the application of the drug to the disease, or rather in applying symptom to symptom, the one being the reflection or counterpart of the other.

The disease is characterized objectively by symptoms; the medicine is characterized objectively by symptoms, and the relation of one to the other is by the law of similars—three propositions which no professed homœopath will deny, and which embody the whole of Homœopathy, and yet simple as are these propositions they have become so obscured, so covered up by a host of accessories as to lose much of their force.

So far as the duty of the physician consists in giving drugs, knowledge of these three proposition is essential and sufficient; but we have learned that but a small part of the physician's duty consists in giving drugs. The quantity which is given will be determined by experience; but be it small or large, if given under these propositions the treatment will be homœopathic.

But let us take the first proposition again. Disease is characterized objectively by symptoms; and add another, "the totality of the symptoms constitute the disease," a proposition not deducible from the other and in no way warranted by it. If the totality of symptoms constitute the disease, what constitutes the totality of symptoms? and, what do we mean by the word constitute?

Is it not plain, Mr. Editor, that all this discussion and misunderstanding comes from the habit of tacking on to the essential propositions certain others, not essential with the result of rendering obscure that which was before plain and simple? The cause of disease is obscure, but its manifestation clear and distinct.

The precise physiological change produced by a drug is masked and uncertain, but its symptoms definite and characteristic.

If this be true, and if we need only to know the relation between drug action and diseased action, let us speculate as much as we please concerning the nature of morbid influences and both physiological and histological change, but let us not lose sight of the fact that all such speculations are subsidiary to the grand primal truths of Homœopathy.

Theory and Practice.

Masturbation. By H. R. Arndt, M. D., Iona, Mich. Part
Second.

It is a law of nature that a preponderance of the gross and animal can exist only at the expense of the pure and spiritual. Thus, as the young boy or girl grows up and cultivates that only which is indicative of the brute, how can that which distinguishes man from the brute creation, live side by side with the vilest impulses of the most depraved nature? It will not do to pass the thought hurriedly; it involves altogether too much. Man would be little indeed were it not that the spiritual in his nature made itself felt in every impulse of his being, inspiring him with a love for that which is pure and good; urging him from effort to effort, from exertion and labor to still harder toil; keeping at bay bravely and defiantly the host of temptations that gather around him to drag him down, low and lower; nerving his hand to do noble duty in the cause of right and humanity; whispering into his ear words of warning in the hour of danger; creating thoughts of highest aspirations when the chest heaves with anticipations of the victory almost won; guiding his steps in the path of duty; pointing out unerringly true the right way to success that will last through the ages; standing by him when the fight is hottest and watching over him lovingly, tenderly when the weary sentinel lays down the armor and resigns himself to the hands of him who gave life and made it worth living, by giving something to live for here, something to hope for hereafter. Take away the spiritual part of man's nature, and there is left only the animal, less perfect than the horse in your barn, or the cow in yonder meadow, because he has degraded himself below the plane which God intended him to fill.

The strain which this practice, indulged in for any length of time, exerts upon the intellect is absolutely fearful. A continued mental exertion becomes hopelessly impossible. No matter how bright the intellect, how great the natural ability of a child, let it once fall under the sway of the ruthless destroyer, and decay will show itself very soon. To reason from cause to effect, in fact to undergo any one mental exercise that requires close reasoning, patient investigation, and a long continued strain soon becomes an utter impossibility. The mind will baffle every effort to bring it down to steady labor, but will roam like a madcap in spite of its miserable master. The memory especially becomes weakened. The patient may find it comparatively easy to acquire, to take in for a short time knowledge he desires to obtain, but what a hopeless task to retain it long enough to pay for the exertion. Names, dates, facts, anything in short that calls into play memory, is beyond his reach; and this experience is so universal an accompaniment of onanism that very little skill on part of the examining physician will draw out a statement of such a complaint from his patient. Imagine the loss of society from this one source alone. Presuming fifty thousand people to have lost, say ten per cent of their intellectual vigor, we had better take care of an army of five thousand complete idiots, if by doing so we could send out into life the larger number with the clear intellect and clear perception God originally designed them to use, for would not the extra amount of labor performed by the larger number outweigh by far the burden of taking care of the smaller number of hopelessly idiotic?

Confirmed idiocy is by no means an unusual product of masturbation. It is but a few years since I stood by the side of a once bright boy of eighteen; the youngest of a small circle of children of aged people, even then near the shore of the dark river. So gradually had he been going down, that it was with difficulty they realized that this bright amiable boy had changed into a stupid fool. When I saw him first he had already become a most disgusting object; so much so, that when death did come, it seemed a blessed relief.

Then again I think of a similar case where the young man realized that mental darkness was stealing over him, and in the utter hopelessness of his situation, prayed unceasingly that he might be saved so horrible a fate. The prayer was heard. The poor wreck easily yielded to a fever, and the All-merciful Father shed about the poor boy's last days a mellowed lustre that lent the death bed an air of peaceful resignation. The villain who taught the suffer the vice that killed him, his senior by far in years, is living to-day, and I trust the memory of the child he ruined will haunt him through life.

Only one step farther removed is insanity, that dread monster, whose presence mocks the very sunlight we live in.

The bright boy has fallen; he has become sullen and morose; maturity approaches; the voice within calls unceasingly for a discontinuance of that which is surely blasting; but the demon of perverted and degraded passion whips up the system; the vessel burdened with so precious a freight, the human soul, even now showing traces of physical and mental breakup. Faster and faster do the days turn into weeks and months and years. The evil one himself is at the helm, aiming straight for the breakers. Gone forever is the happy, joyous soul of the boy; lost is the purity of unsullied youth and its vigor and strength and elasticity. The distant thunder of the mad waves breaking upon the rocky shore is heard plainer and nearer; the intellect totters under the pressure of that which is driving the vessel into the whirlpool that has sucked in many a precious freight. Dusk, the forerunner of night's gloom, approaches, and the anxious ear catches the crash of near, stranding vessels fearfully distinct. Love, friendship, honor, virtue gather about the doomed ship; but their entreaties and prayers are drowned in the jubilee songs of evil spirits, and the leer of the madman is the only response they awaken. Wilder does the gale blow and darkness reigns supreme. The vessel groans with the pressure it must bear; the masts sway to and fro, and the sails are torn from their fastenings; nearer the breakers, more distinct their thunder as they dash upon the rocks; one more moment, one insane shriek of the tortured soul, and down goes the doomed

vessel; the waters of oblivion close over it, the gale dies away in a sorrowful moan. Only one pair of twin stars look forth upon the scene, serene and unmoved, the twin stars of divine love and of eternal justice.

"Hopelessly insane," was the word sent me from Ohio when I enquired two or three weeks ago about the fate of a young girl who had been under my care when a resident of that state. Only twenty-three or twenty-four now, and lost forever to herself and family, and humanity, unless her sad story should turn some other poor wretch from the disastrous road early enough to save her from an equally sad end.

Then the sum total. What is it?

And statistics, that clear and positive witness, answers distinctly: Wrecks strewn all about us; invalids, idiots and madmen.

The task of the medical man when he becomes responsible for the management of a case, is always an ardent one, and at times one of unusual delicacy; requiring not only tact and patience, but a clear head, a quick perception, a thorough knowledge of human nature, and above all a warm and generous heart. The administration of remedies often involving nice discrimination, is the smallest part of the work to be done. The drugs ought to be selected painstakingly, in accordance with the symptoms that present themselves. *Nux vom.*, *Phosphorus*, *Staphysagria*, *Phosphoric acid*, *Calca. carb.*, *Sulphur*, will generally be found sufficient. Though not a strict high dilutionist, I have learned to rely in these cases, almost entirely upon preparations as high as the 30th decimal. They have, with me, seemed to operate more promptly and to do the greatest amount of good in the shortest space of time.

Prompt attention should at once be paid to the hygiene of the patient. Thorough bathing in cold water ought to be insisted upon; plenty of exercise in the open air should be had, such as daily walks in due proportion to the strength of the patient; feather beds ought to be discarded at once, and firm husk mattresses, or, better still, a common, clean, wheat straw bed put in its place; the dress ought to be loose, not to im-

pede free circulation; thorough, daily, brisk rubbing with coarse bath towels or flesh brush ought to be kept up; in fact everything ought to be done to develop hardness and endurance.

Electrical baths are often a valuable auxiliary, but they must be administered by an experienced operator, else their application will do much harm rather than good.

The diet must be closely watched. Meat is too stimulating to make it desirable; milk, if drank freely, seems injurious, though less so than meat; rich pastry must be discarded; spices and a few of the vegetables, as onions and radishes, must not be eaten, nor is the too free use of salt advisable. On the other hand, cereals ought to form the staples, and ripe fruit can be eaten to almost any reasonable extent.

All these measures, however, will fall short from accomplishing the work, unless the physician exerts a healthy moral influence upon the patient, and bends all his energy upon the task of gaining his complete and implicit confidence. To do that he must cause the patient to feel that he has a friend rather than merely a professional man, paid to do a certain amount of work. He must be able to appreciate that it is the healthy moral influence of the well upon the sick, of the strong upon the weak, of the pure upon the impure that contains the secret of success in these and other cases. The man who can feel for him who by his own fault has blasted many of his life's purest blessings, he who can weep for the young man whose main work in life will be the undoing of his youth's folly and sin; who can know that a young girl has been practicing one of the most disgusting sexual crimes we know of, and can still take her hand in his, and make her understand that, to him, she is not an unclean thing, fit only to be spurned away with contempt, but has still in her the promise of future usefulness; which may redeem the errors of the past; that man will command the veneration of those whom he is thus blessing. And we can all bring blessings to the homes we enter. The old man can give a father's sympathy and council; the young man can give a brother's love and advice.

The sick have ever a holy claim upon the friendship of the true physician, and how much more in a case, where not only the welfare of the body is involved, but the very fate of the soul is at stake.

And when this relation has once been established, let it be guarded jealously. Watch the patients closely; see they are provided with sound, sensible reading matter; remove every thing that might provoke day dreaming; keep the mind hopeful and cheerful, by seeing every hour taken up with work of some kind. Above all, rely upon the purifying influences of noble persons of the opposite sex. If any thing in the world will save a young man from this demon of self-pollution, it is the influence of a pure woman's friendship. And so will the atmosphere of strength and vigor, which every man ought to carry with him, do very much toward lifting up the poor girl who needs only a strong arm to lean upon, to become a good, useful woman, if not a mother in Israel.

The Loss and the Remedy. By T. P. Wilson, M. D.

Anterior to the time of Hippocrates, we do not know that medicine as a science or as an acknowledged art, had an existence. In his life and experience, we find the germs of what we possess to-day. Upon the foundations which he so nobly laid, we, and all his successors, have helped to build a superstructure, which Hippocrates himself, were he to return to life, would not perhaps recognize or acknowledge. We do not conceive of an age in the history of the world when men were not assiduously cultivating a knowledge of therapeutics. As diseases and accidents were ever present in human experiences, so the search after remedies formed one of the most important duties of mankind. Hippocrates

does not claim to have originated the fundamental ideas of medicine. When he came upon the stage, multitudes of men about him were pursuing the practice of treating diseases. This prevalent practice he did not seek to overthrow; he did not greatly revolutionize it. But he did this: He carefully recorded in a large number of volumes, most of which are wholly lost, all the facts, both as to disease and their treatment that came to his knowledge. Before all men of his age and preceding time, he possessed the power of observation. So eagerly did he hunt after facts, and so conscientiously did he record what he saw, that he was finally enabled to give to the human race a legacy so rich, that, in comparison with it, all the gifts of poetry, oratory, and philosophy, all the gifts of kings and emperors are counted as nothing.

There is a curious device in mechanics—none the less curious because so well known—called the ratchet wheel. By its agency we are enabled to store up force and from the accumulation to draw supplies as needed. Without the aid of the ratchet wheel, much that we now save would be necessarily expended on the instant and wholly lost. Hippocrates was a grand ratchet wheel and in his volumes of records placed facts of value, that before his time had no permanent existence, save as parts of the unwritten legends of the past. All that he could learn, of antecedent and contemporaneous practice, and all that went to make up his own rich and varied experience, he placed carefully in writing, so that these facts might be drawn upon by his successors through subsequent years. And such was the greatness of the reservoir of force therein accumulated, that centuries elapsed before it was exhausted, if indeed it be wholly so, even in our day.

It was a simple thing to do; to sit down and make a faithful record of what he saw and thought. But so far as we know, anterior to his time, no man had attempted it. And because he did it, he is, and ever will be, the Father of Medicine. From the time of Hippocrates, medical science—at least medical art, has not only had an assured existence, but has held implanted in its nature the germs of progress. What the varied history of that progress has been, marked by the

subsequent rise of Galen, Celsus, Sydenham, Hahnemann, (not to mention many others well known and worthy the immortality they bear) is well known to the student of history. Upon that honored scroll we might well place an hundred names, the names of men who, like ourselves, entered upon the study and practice of medicine with no high thoughts of destiny, with only the desire to learn what might be taught them, and to faithfully follow in the steps of some honored master, or to obey the precepts of some accepted school. Unconscious of the fact, perhaps, they found themselves creating epochs in medical history. They did no more at the outset than the great master Hippocrates had done. They observed, collected and recorded the facts of their day. If they did more, it was because the logical deductions from those facts forced them to depart from the false theories and injurious and unscientific practices of their contemporaries and predecessors. In this way greatness was thrust upon them. In this way they have each helped to carry medical science forward in the path of progress.

Except in a comparative sense, we have little to boast of in what has been accomplished by medicine. The crude theories and rude agencies of our predecessors show, like the archeological implements of our museum, that we have accomplished at least something in the passing ages. But it can not be denied, that, looking to the goal we are seeking, we are still at an infinite distance from the end sought. Reduced to its last analysis, the end of all medical science is the absolute cure and prevention of disease. Less than that, no true medical man hopes or seeks for. Now we need not raise the question, Is any disease curable by medicine? although many, both in and out of the profession, would gladly take the negative of it. But let us ask, How often is disease cured? and, With what certainty of cure may its treatment be undertaken? How large is the list of diseases known to be absolutely incurable? How many diseases are doubtfully curable by any known method? How seldom is the physician satisfied, that among all the cases he has treated, he has been of essential service to the sick, so far as the administration of medicines is concerned?

And looking to the prevention of disease, we are met by an equally formidable list of questions affecting the claims so boldly made in behalf of prophylactic agencies. I will not give you pain by repeating them. We are in this way at last confronted by the fact, that whatever the progress that has been already made, much and more remains to be accomplished.

How, and by what means progress has been made in medicine, is not a difficult question to one conversant with the facts of history. Philosophy has done very little for our profession. We have never been perceptibly advanced by ingeniously constructed theories. We have, if anything, been retarded by them. Each leader and founder of the successive sects or schools, that have ruled from Hippocrates until to-day, has liberally garnished his teachings with philosophical schemes about diseases and drug action and modes of treatment, finely spun theories; and unfortunately, these have been made the shibboleths to which assent was vigorously demanded, and those who denied, were charged with ignorance or treason. But these theories have swept on in rapid succession, following one another like the waves of the sea, only to be broken upon the rugged shore of facts. And through all the ages these facts have stood unchanged and unchallenged. More than this—and this is the great underlying fact of all—just so fast as facts have been accumulated and put in store by careful and conscientious observers, just so fast have we made progress in medical science.

What we lack to-day in the practical application of medicine is apparent to all. The student enters hopefully upon the study of this science, and he may never know what he has failed to find until he begins to test his knowledge at the bed side of his patient. Sooner or later he becomes appalled at the universal want of a correct knowledge of the essential nature of disease, of the nature of drugs, and of the proper mode of applying the one to the cure of the other. And yet this is the very thing he has been seeking to find.

As facts in nature, there can be no doubt that diseases and drugs are part of the grand economy of the universe, and

that in all their varied phenomena they act according to definite laws. To say that these laws are inscrutable, is simply to despair. Now if this picture is overdrawn, we may leave the whole question to be decided by the most pronounced optimist, and he will say, We do yet fearfully lack. And there remains this truth, that our only remedy is in the accumulation of facts.

Now and then we have text books written; that is something, and they seldom fail to mark the advancing tide of progress. But they contain only a modicum of originality and of that a small per cent only is the practical observation of the writer. Now and then we have clinical cases reported. They are always interesting, but seldom are they free from the most gross errors. I am not speaking of any particular school of medicine; what I say is true of the field as I survey it in its totality. And I say, what is being produced in our medical literature adds far less than it should of practical value to our science.

We all look hopefully into the future. For our children and our children's children, we anticipate better fruits than we enjoy, to be by them gathered from the tree of knowledge. How this is eventually to come about, we seldom ask ourselves, and perhaps do not greatly care to know. But the answer is as plain as the question.

We all know something of the value of statistics—call them data, tabulated phenomena, or what you please. Gather them together, pile them as Ossa on Pelion; you can never have too many of them. They are as matter itself, unchangeable and indestructible. Out of these come all forms of knowledge. They are the mighty crucible which finally tests all systems of thought, all philosophies, all theories. They and they only give us a knowledge of nature's great laws. When we have gathered our data in sufficient number, we are enabled to draw our broadest generalizations; we reach out through them to our highest conceptions of truth. Give us the requisite data, and we can penetrate the deepest secrets of the universe. The profoundest problem that vexes the human soul await only the accumulation of facts that it may be solved.

Coming now to a practical application of all this, I say, show me wherein the science and art of medicine might be improved. What further progress does it need to make? Does it need to be greatly revolutionized? Then I say facts are the fulcrum. Obtain them and your lever will overthrow every thing that does not stand implanted in the unalterable laws of nature. We differ widely, radically, upon many points. We make boldly our assertions, but they are as boldly met by denial. We can not settle our differences by argument. Analogies help us some, but there is nothing at all comparable to a few practical facts. With these we can settle at least any thing pertaining to practical medicine. But facts are the one thing we do not possess. We are rich in theories, and poor in the record of the simple every day events of our professional lives. You may name a thousand physicians of reputable standing, engaged to-day in active practice, and there will not be fifty of them that makes a single record of his daily work, save the charges in his account book. Not fifty of them notes the symptoms of a single patient, or the medicine given or the result obtained, beyond the fact that the ledger account is balanced by payment or otherwise.

A worthy physician of our acquaintance died but recently. For thirty years he had been like one slowly, steadily winding up a huge steel spring coil. He died and the handle fell from his grasp, and the mighty spring with all its accumulated force flew back in that instant to the point of starting. The life's work went out with the life, and there is nothing left. All his wonderful experience gone, and gone forever. What he saw of disease, what he knew of drugs, what he had learned of the best modes of treatment, not a scrap remains. This is a loss we can not easily measure. But you can multiply it by thousands before you can begin to estimate what the medical profession is yearly losing.

This man to whom I refer was intelligent, well educated, and wholly devoted to his profession. He did not lack in experience. He could fill hour upon hour with the details of cases of the greatest interest. But he did nothing in the direction indicated, because, perhaps, he never thought of it;

he never saw the necessity for it, and in his earlier professional life such things were not customary; were not taught in the schools. He did no better nor worse than his contemporaries. But I dare say that his thirty year's experience faithfully recorded would have been as readable and valuable as that of Jahr's. How little it would have cost him to have made such a record and given it as a priceless legacy to his successors in practice! Out of that alone we could have gotten more of practical truth than from any one of the majority of our text books. And from day to day this loss goes steadily on. We might almost say, nothing is saved.

Look again at the important questions we have yet to decide in medicine. All we need is data of sufficient amplitude. If we had every hospital in this country under our control, and in charge of men endowed with observation, eager to search, and careful to record, what would we not do in the next half century? Why, we would gather up such a mass of statistics, that our science would be enriched beyond all computation. We would establish beyond all controversy our law of cure; we would settle this vexed question of potency, and the question of dose. If the government fostered our labors as it does the labors of the allopathic school, we could reprove our *Materia Medica* on the grandest possible scale. We would leave nothing undone to advance our art.

But why should we wait until we obtain hospitals before we gather up the needed statistics? There can, at the most, be in these hospitals but a few thousand beds, and their inmates among the worst specimens of humanity. Why should we wait, when there are in this country alone, more than a million of beds, by the side of which, in the time of need, stands the homœopathic physician. Could we but induce him to record what he sees there, what he does there, and what he accomplishes there, we would thus secure an efficient remedy for the great loss we now suffer. "Is the route practicable?" said Bonapart to the Swiss guide, as he stood with his great army at the foot of the Alps. "Sire, it is barely passable." "Let us set forward then," said the irresistible warrior, and soon his legions stood on the sunny plains of

Italy. Is it practicable to induce physicians to faithfully, systematically record all their cases? It is barely possible, you reply. Nevertheless let us set forward in the attempt. Let us, within the year, double the scanty amount of clinical reports we are now receiving. Let us quadruple them in two or three years. Let us be satisfied if within five years we have increased them five fold, or even notably enlarged them.

We can not longer doubt that the true path of our future progress lies through these accumulating data. We, as a school, are seeking supremacy; we are seeking universal acceptance. We will never obtain these until we earn our right by the logic of unanswerable facts. More than ever before in the history of the world are all theories and systems tried by the stern ordeal of facts. This is pre-eminently a scientific age. Science has but one touch stone, and that is *proof*. But nothing is so uncertain and unsafe as conclusions from insufficient data. Not once only must we prove our position by a fair and valid experiment, but a thousand times. Nay more, within the limits of the law we illustrate and maintain, there must be no failure in result. There must be no limit to the amount of our proof.

We must of course revolutionize our present methods. If these men already in the service can not adopt the needed plan, we must see to it that our recruits are trained to this work. They should be made to swear by a new and better Hippocratic oath that they will not attempt to practice medicine without keeping a faithful record of their work.

It is an ancient Hindoo saying, that no man is ready to die until he has planted a tree, or built a house, or reared a child. Let it be known that no physician of our school is worthy the name, or fit to die, until he has given to his profession a fair manuscript volume of his experience, and this not for publication, but to be placed in the archives of the county or state or national society, where the statistician can obtain and use them. Why not do this in the homœopathic school, in the American nation, in the present century?

The statements set forth in the foregoing pages will scarcely be controverted by any intelligent, thoughtful physician. Every genu

ine lover of medical science will heartily assent to the desirableness of obtaining on the largest possible scale, reports of clinical cases. Especially is it desirable that these should be made in all parts of the country, if possible, from all parts of the world, so that all phases of disease, as influenced by meteorological conditions, may be represented.

No doubt many physicians have attempted the work of recording their cases, and sooner or later, abandoned it, owing to their imperfect methods and want of special stimulus.

It is with a hope of suggesting an acceptable and practical method of reporting and of furnishing a much needed motive to enter upon this work and to continue it, that these pages are offered for the reader's consideration.

It may be stated here that the object of making these daily records of cases is not for publication in that shape, unless at the option of the writer.

Few physicians would find it possible to record more than a part of their cases. All the more important ones should be put down, and many that might be deemed unimportant, as it is not possible for us to estimate the value of any case, however slight.

The beginner in medical practice should bear in mind, that when he has noted down the symptoms and selected his remedy, and afterwards noted the result, he has done all that is absolutely necessary to make the case of future use to the profession. In this way he will avoid a large amount of superfluous matter which might, if regularly recorded, greatly burden and enlarge his notes.

Each physician should retain his record for his own use and benefit, but at his death the record or records should pass into the hands of the county, state or national society, and be kept among its archives.

Arsenic in Skin Diseases. By Cl. T. Campbell, M. D.,
Stratford, Ontario.

The value of *Arsenic* in skin diseases has been frequently affirmed by writers of all schools of medicine; and it now occupies a prominent place in the repertoire of the skilled dermatologist. Its use is not confined to the human race, nor re-

stricted within the limits of therapeutics. It is employed for the purpose of giving to horses a sleek and glossy coat, and it has been broadly hinted that it might be found in those mysterious armamentaria of ladies' toilet, into which no modest masculine will dare penetrate.

The leading dermatologists of the empirical school, speak of it in terms of admiration, as "the great cutaneous tonic." They tell us that "there is no remedy more valuable in cutaneous medicine," (Wilson); that, with the exception of the syphillodermata, "there are few chronic diseases of the skin of constitutional origin which may not be benefitted by it." (McCall Anderson.)

These authorities speak of *Arsenic* as a neurotonic of great importance, stimulating the peripheral plexus of nerves, not the skin alone, but of all the surfaces of the body, internal as well as external. The symptoms in cases of chronic poisoning, however, do not seem to indicate the presence of those effects which are supposed to follow the exhibition of a "tonic." Indeed, rather the reverse.

To the Homœopathist, the reason for the efficacy of *Arsenic* in skin diseases is quite apparent, and his text books on *Materia Medica*, detailing the pathogenesis of this drug, supply the indications for its use in accordance with the law of Similia. The empiric, who does not read homœopathic books, and probably would not believe them if he did, can find some of the characteristic effects of poisonous doses in the works on toxicology, written by those of his own faith and practice. Reports on the diseases to which workers in *Arsenic* are subject, are seldom without a reference to cutaneous symptoms. Thus, in the investigations of Vernois, in 1859, among the artificial flower makers of Paris, we find, among the affections incident to their occupation, mention made of "various eruptions on the skin, presenting, sometimes, a papular form, sometimes vesicular, sometimes a simple diffused redness, (erythematous) and sometimes developing ulceration and gangrene." (*Annales d'Hygiene*, 2d Ser., tom. xii, p. 319.)

When the empiric reads a report of this character, and when he sees it stated (*e. g.* in Taylor) that "an irritation of

the skin, accompanied by a vesicular eruption, which has been called *eczema arsenicale*," is a symptom of chronic poisoning by this drug, one would think it probable that he might be puzzled to account for the rationale of *Arsenical* influence on any other than the homœopathic theory. But he can believe anything, save what he deems a medical heresy. Talk of the credulity of Homœopaths! What is the credulity of a man who believes what he sees, compared with that of him who will believe anything and everything, except the testimony of his own senses?

The skin diseases for which *Arsenic* is more especially suited, are from their symptoms evidently connected with a disordered and defective nutrition. The color of the skin is usually pale, waxy, œdematous; sometimes parchment-like, sometimes of a turbid, muddy hue. In the immediate neighborhood of the eruption, the irritation may mask the skin with a flush more or less bright, and cases may be seen where even at a short distance from the eruption the skin will present a comparatively healthy appearance. But, usually, the pale and somewhat cadaverous cast is quite marked.

Apis has also a pale, œdematous skin, but not in connection with eruptions. A yellow skin points generally to biliary derangement, and is found among the symptoms of a host of remedies too numerous to mention. *Arsenic* occasionally has a yellowish cast, but it is not characteristic.

The skin of the *Arsenic* subject is not only unhealthy in appearance, but in reality. Even if there is no eruption upon it, a scratch will readily suppurate and ulcerate, and very probably in a short time become the center of a plentiful crop of vesicles and pustules, which, at a later stage, may become gangrenous.

As we might judge from the pathology, *Arsenic* is particularly suited to skin diseases of a chronic type. For the same class of affections are also such remedies as *Carbo v.*, *Hepar s.*, *Graph.*, *Alumina*, *Merc.*, *Sulph.*; while those which take on the acute form call more frequently for *Apis.*, *Bell.*, *Canth.*, *Rhus.*, etc.

It is difficult to portray clearly the form of eruption for which *Arsenic* is best fitted. Skin diseases are protean. A papulous eruption may change to an eczematous; an eczema may become an impetigo; any of these forms may turn into a pityriasis. It is no wonder that a student fresh from the study of typical diseases should often become puzzled over his first case, and wonder in which of the innumerable divisions of the dermatologists it should be classed. Generally speaking, the arsenical eruption most nearly resembles the typical eczema, which is comprehensively summed up by Wilson as "papulation, vesiculation, incrustation and desquamation," though "pustulation" should not be omitted.

The skin feels dry and burning, the latter symptom being usually exaggerated after midnight; there may be some itching, but not so much as in *Sulph.*, *Cinnab.*, *Olematis*, *Alumina*, *Graphites*, etc. The eruption, though moist at times, has a tendency to dryness, in contradistinction to *Graph.* and *Alumina*, which are always moist.

The papular eruption is not frequent in *Arsenic*, and when it appears rapidly changes to vesicles, and more generally small pustules, which soon break open and dry up into a yellowish crust. Large pustules point more usually to *Ant. tart.*; fine visicles to *Alumina*, *Graphites*, *Conium*; papulus to *Kali b.*, *Cinnabar*, *Hepar s.*, *Sulph.*, etc.

Boils and carbuncles are among the symptoms credited to *Arsenic*; but we should expect *Arn.*, *Caust.*, *Apis*, *Am. c.*, *Lachesis*, to meet the indications better.

The ulcers of *Arsenic* are flat, with hard edges; thin, acrid pus, fætid, sanious; accompanied with burning and stinging. Occasionally they are gangrenous, though this symptom belongs more frequently to *Secale*, *Lachesis*, *Plumbum*. If bleeding freely, *Phos.*, *Merc.*, *Lachesis*.

Loss of hair, accompanied with pityriasis, is to be found among the symptoms of *Arsenic*. The nails also become discolored and fall off. So also, *Secale*; brittle nails, *Alumina*; pustules about the nails, *Kali b.*

Arsenic approaches nearer to cancer of the skin than any other remedy, and will prove the most beneficial. I dare not

say that it will prove curative, though in some cases it has been very helpful. It is also indicated occasionally in fungus hematodes.

In wounds poisoned by decaying organic matter, (e. g. dissection wounds) *Arsenic* may be found useful.

To sum up the general indications, we may say that *Arsenic* is the remedy in diseases resulting from a disordered and defective nutrition; the skin being of a pale, waxy color, more or less thickened by infiltration; eruption of small pustules, or of vesicles, burning rather than itching, drying up speedily into yellowish crusts, which on falling are replaced by a fresh crop of pustules, more exaggerated, ulcerating, or becoming gangrenous; or else the eruption becomes more dry with each succeeding crop, desquamating, and eventuating in the milder but chronic form of pityriasis or psoriasis.

Arsenic, however, embraces among its symptoms, almost every form which an eruption may take, papulæ, vesiculæ, pustulæ, squamæ, petechiæ, furunculæ, ulceration, gangrene; and in very many cases its selection in preference to other remedies for skin diseases, will have to be made from the constitutional rather than the local symptoms.

Pathology, as related to Therapeutics. By M. H. Slosson, M. D.

In the departments of both science and art, certain relationships are noticed of things, in themselves, entirely distinct, and often quite diverse.

Nothing, indeed, in the world of entities, of facts, occupies independent ground. And hence, it may be asserted as a truth of common observation, that no object, no life, exists for itself alone, and no event transpires without antecedent cause or causes, and becoming in itself a factor, influencing

subsequent events, as a related and direct, or at least, modifying cause.

A line of relation reaches the most insignificant being and thing, binding each and all into subservience to purposes, entirely beyond their own special needs and individualities.

On this line of inter-relation of action and inter-action, spring up specific dependencies and inter-dependencies so intimate and inseparable, that the purpose and destiny of the one would be forever incomplete and imperfectible without the other.

Philosophers tell us—and point to their mathematical demonstrations as proof without a fallacy or a flaw—that the little child at play on the sea shore, who throws the tiny pebble into the waveless water at her feet, does thereby set in operation a force which, as active cause, moves that mighty volume of water to its most distant bounds and profoundest depths. They also claim, that the universe is so nicely established in its most minute, as well as infinite circles of relationships, that not a single atom could be annihilated without destroying the equilibrium, not only of our solar system, but also that of all the vast systems of worlds throughout the immensity of space.

It is shown then, beyond all question, that in the physical world, every thing is so bound to all other homogeneous, and even heterogeneous things, that all occupy positions as aids, actively or passively, in every process and every result effected in the infinitely complex operations throughout the kingdoms of nature. And this is no less true and demonstrable when we enter the spheres of boundless activities, when the human race or races, through diverse means and instrumentalities, are seen working out the abstruse problems of social, individual and national life. There, every where and at all times, visible and invisible, but indestructible lines of relation are operative, potent for good or evil beyond all computation, because too occult, many of them, to be intimately known, or perhaps, ever to be fully comprehended. It is far easier to understand how questions affecting man, in his social or political relations, can be studied and even solved to the satis-

faction of the statesman and philanthropist, than those which involve man's physical organism, with its wondrous correlations and complexities. It is less difficult to devise suitable laws and government adapted to the different conditions and wants of man, as a member of society or citizen, than to discover the laws under which man's physical life and health can be secured and indefinitely maintained. This exquisite inimitable organism, the human body, is still a greater and more important study than that which relates merely to forms of society or government. Even these latter can not be dissociated from the former, inasmuch as the well being of the man, physically, depends so directly upon the character, restraints, incitements, protection and encouragement afforded by the laws, customs and governments under which he lives. The anatomist may not find any special differences in the structure of the human body, so that he could say of half a dozen different subjects in the dissecting room, this body was a Frenchman, that a German, this an Englishman, that a Russian, this an Italian, and that an American; much less, this was a monarchist and that a republican. But he could point out the specific differences on which is founded the distinction into races. And the physiologist, while determining, has grand realizations, on which he rears his demonstrations of the universal laws of life, and points out the functions of living bodies, irrespective of nationalities and forms of government, knows very well that all vital phenomena must be modified by the potent influences emanating from all civil administrations of human laws, and that for the masses, as studied with special reference, to conditions, social and civil, as favoring or otherwise, the opportunity for health and longevity, there is seen most convincing evidence decisive of the question, as to what form of government best conserves their physical welfare. The pathologist in his endeavor to trace the effects of diseases, and learn their nature, causes and conditions under which they originate, may not find the morbid phenomena by which different maladies are recognized, very greatly, never essentially, changed and modified, because developed among different civilized nations.

And yet, in their totality, he does find the symptomatic expression variable to a degree, not due to climatic influences alone, and the mortality, rising in the direct ratio of prevailing ignorance, concerning the laws of sanitation and proper methods of therapeutics. He thence wisely infers, that the diffusion of knowledge among the masses, and especially that which teaches the principles of hygiene and their practical application to every day life, would not only prevent much sickness, but would greatly aid the physician in the successful treatment of the now too often, intractable and malignant diseases. And, hence, he knows, that whatever kind of government fosters the education of the people, and awakens inquiry and encourages habits of industry, sobriety, economy and general intelligence, exerts an influence of untold power for the prevention of some of the most virulent forms of disease. Thus, in attempting to discover the causes of some special malady or the circumstances under which it may have suddenly appeared, in a particular community, the pathologist naturally seeks, first, the localities where the ignorant and vicious classes crowd together in large cities, or in densely populated rural districts. Here, damp, filthy, badly lighted and unventilated dwellings, noxious exhalations from cess pools, and percolations of their liquid contents into cisterns and wells, and the crowding of ill-fed families into such houses are among the most potent causes of typhoid fever, diphtheria, scarlatina, dysentery, enteritis, mesenteritis, scrofulosis and unnumbered forms of dermatoses, which scourge and decimate the populations; the lower first, and higher finally, where sanitation is neglected or wilfully disregarded. For such and kindred considerations, pathology, which comprehends all the applicable phenomena of disease, must be the basis of any system of philosophical and scientific prophylaxis as well as therapeutics, directed towards the prevention and treatment of these and other fatal maladies. Like some great inland sea, that is constantly supplied and sustained by tributaries that gather together and roll forward into its bosom, the superabundant water from rainfalls and springs within a wide extent of territory, pathology is found to em-

brace and gather in as aids, streamlets as well as rivers, what is simple as well as what is most exalted, in the ever widening circles of science. Of all the collateral branches of medicine, none has so many attractions to the physician, or can afford so important aid in the pursuit of his arduous vocation, as pathology. Here, as upon some commanding point of observation, he sees all the other natural sciences to cluster around it, as an all-attractive and all-governing center, and each becoming, if not the recipient, in the astronomic figure of light and concentric force, at least a potential factor to the higher purposes and wider province of pathology. It is no meaningless claim that the study of anatomy and physiology, of chemistry and botany, of materia medica and physics, must be regarded and classified as introductory to that of pathology. It is not derogatory to any just views of these sciences that they rank as accessories to that particular one, which seeks to concentrate all possible light upon the study and elucidation of the nature and effects of disease, with the special object of the better comprehending whatever prophylactic and therapeutic methods may be necessary, either to secure exemption from, or comparative success in the treatment of, those and other intractable malignant maladies to which we have alluded. In giving to pathology a position of pre-eminence, as regards the other branches of medical science, it is by no means intended to depreciate any of these in the estimation of the student of medicine, or the practitioner, but rather, while exalting it to its proper place as related to therapeutics, to give at the same time to each of the others its appropriate status of honor as indispensable aids to the pathologists in all his researches and investigations.

When Hahnemann emphasised the proposition of his Organon, that "the totality of the symptoms alone constitutes the disease," he did not mean thereby, that the study of individualization of symptoms was to be done by ignoring and repudiating pathology. For he had, in a preceding paragraph, declared that it was "necessary to regard the fundamental cause and other circumstances," in the treatment of disease. His evident intention was to impress upon the

physician the importance of closely scanning the particular symptoms found associated with every form of disease brought under his observation, to enable him to suitably estimate the nature and gravity of the case in hand, and to guide his treatment accordingly. Modern pathology would have received the hearty approval of Hahnemann, inasmuch as its supreme work lay in the very direction of the "fundamental causes" of disease. These, with the totality of morbid phenomena, and all other circumstances in any way affecting disease, constitutes the very core and essence of the pathology, that receives the stamp of approval by the leading minds and teachers in all schools of medicine to-day. While, then, the Homœopathic physician carefully studies every symptom, as best he may, in full sympathy with the teaching of Hahnemann, he does so, if properly instructed, through the light which modern pathology is so abundantly shedding upon the abstruse problems of disease.

Pathologists do not claim that all has been learned that is possible to know of any disease; they but announce to their brethren and coadjutors the things discovered, and ask all physicians to be co-workers with them in this most interesting and important field of investigation. Science, while holding fast that which is true and demonstrable, regards nothing as perfected; and, hence, pathology is still looking to fields, new and old, with unwavering confidence of discovering many things yet unknown.

Histological research into the innermost recesses of organized tissues, while unfolding to the admiring gaze, alike of anatomist, physiologist and pathologist, the minute structure and composition of the various textures and organs of the human body, has disclosed the primal conditions of both normal and abnormal products.

The morbid processes of inflammation, tuberculization and of many of the malignant growths and tumors, are now referred to cell proliferation, or more scientifically speaking, molecular aggregation, for the molecule exists before the cell, and is, indeed, the true substratum of both, physiology and pathology. How unwise and unscientific any system of

therapeutics, that overlooks or disregards the laws that govern this first as well as last form of all organization, and by which its development or repression may be regulated. Whether the molecule or the cell, or both, is the dominant thought in its relation to a scientific pathology, it is obvious that the diseases which depend on the increase or diminution of molecules and cells, must be treated in accordance with the principles and condition governing their growth. This view of pathology harmonizes with the teaching of Hahnemann, when he urges the importance of considering disease as a derangement of the normal, immaterial, vital principle, by a morbid agent, exerting its influence dynamically. And hence, to the dynamic, morbid cause, the true physician must oppose the therapeutic, dynamic drug, whose effects are similar, yet more potent, than those of the disease to be removed. Since the human system is more susceptible to medicinal impression, than to invasion by morbid causes, and since a true scientific pathology always aims to determine what these causes are, as well as to describe their effects, experience fully justifies the conclusion, that the great majority of known diseases are most successfully treated by drugs, whose pathogeneses correspond to the totality of their symptoms, or in other words which most readily express their true pathology. And, finally, that pathology stands so related to therapeutics, that they materially aid and complement each other.

CONSOLATORY SUGGESTION.—Unsuccessful son of clever parents (who has a theory that genius is hereditary)—Look here, old feller! A feller can't be a vewy great fool with such a father and mother as I've got, can he? Now, how do you account for my beastly luck in all I undertake? His friend (who has a theory that Earlswood is chiefly peopled by the offspring of consanguineous marriages)—Stop a bit—happy thought—hooray! Perhaps your father and mother were first cousins!

Treatment of Tumors and Hypertrophied Glands by the Hypodermic Injection of Iodine. By W. E. Green, M. D., Little Rock, Ark.

My attention was first directed to this successful mode of treatment, by an article on fibroids of the womb from the pen of Dr. A. J. How, published in the Cincinnati *Eclectic Journal*, of July, 1874.

Since then this plan of treatment has been adopted by me in a number of cases, with almost universal success, failing only in a single instance—a scrofulous subject with enlargement of the cervical glands which contained a deposit of caseous material.

This method of treatment especially commends itself in the management of enlarged glands, indolent tumors and fibroids of the womb (where a special instrument with a long needle as recommended by Dr. How should be used.) It is particularly applicable where we wish to avoid the disfiguring cicatrices incident to excision or suppuration.

The method of procedure is as follows: Pass the needle of a hypodermic syringe with barrel attached, into the center of the tumor; withdraw the piston, thereby evacuating any fluid contained therein; then inject into the substance of the tumor from five minims to one drachm or more of the pure *Tinct. of Iodine*; remove the needle and paint the seat of puncture with ethereal solution of *Gun Cotton*, to prevent the oozing of injected fluids.

The operation is followed by a smarting, burning pain, and with a very slight, if any, shock to the system. Swelling of the parts supervene, which, however, begins to subside in a day or two, followed by a marked diminution of the size of the tumor. When this improvement ceases, a second injection should be used, and so on until a cure is completed. To illustrate I will cite but two of the several successful cases treated by me:

March 1st, 1875. Miss S. came under treatment for an enlarged bursa covering the articulation of the second and third

metacarpal bones with the carpus. The tumor was the size of an almond, hard, unelastic and painful, greatly interfering with the usefulness of the limb. I injected fifteen minims *Iodine*, repeating upon the tenth and twentieth days following. The result was a complete resolution of the tumor.

June 20th, 1875. Mr. R. consulted me for enlargement of the tonsils which had existed for many months. He desired their removal by excision. Using a long syringe with a long needle, I threw five minims *Tr. Iodine* into the substance of the left hypertrophied gland which was repeated on the seventh, fourteenth, twenty-first and twenty-eighth days, resulting in a complete cure. The right one was treated in a similar manner with like results.

Notes on Hemorrhage During Pregnancy. By A. Liliencrantz,
M. D., Oakland, Cal.

Gestation is liable at any time to be complicated with loss of blood. If such a loss should take place during the first thirty days, it is very apt to be looked upon as merely a more than commonly abundant menstrual discharge, and we have no ready means of knowing whether the woman was really pregnant or not. The microscope might inform us, but the discharges are seldom saved, and even if they were, and a strict examination made, its practical value would be of but small importance.

But when a woman is more than thirty days advanced, the appearance of blood in the generative intestine is to be looked upon as an affair worthy of our closest attention. It almost always appears in one of two ways: First, after a few premonitory symptoms, such as pain, bearing down sensation, the appearance of a shred, etc., lasting from twenty-four to forty-

eight hours, a more or less sudden and profuse hemorrhage sets in with active pain and efforts of expulsion; or secondly, a slight and more passive hemorrhage comes on without any active symptoms being present, and which, after a time, if not checked, becomes mixed with shreds or pieces of degenerate membranes and a more or less fetid discharge, the result or product of decomposition.

In the first case it is generally pretty easy to tell both what we have to deal with, and what we have to do. In such cases it is a waste of time to attempt to save the embryo. Our plain duty is how to rid the uterus as quickly as possible of its contents. When the os is open and soft, and the uterus low in the pelvis—as it usually is under such circumstances—this is a very easy thing to do. But this is not always the case; we often find the embryo to have escaped, but the os not sufficiently dilated to allow the soft placental structure to pass away. Now, according to my experience, the most profuse and dangerous hemorrhage sets in at the time these structures are partially out of the uterus, but still held firmly by the unyielding os, and the same holds true whether it is an ordinary embryotic placenta or an arm degenerated into a fleshy mole. In such cases I have many times succeeded in removing them by first firmly holding the uterus with my left hand, and then with my right index finger press upon the posterior lip of the os, from behind forward; at other times, by insinuating the finger between the parts concerned, it will be easily removed. In some cases the long, slender placental forceps will fulfill their office admirably. But in other cases—and there, fortunately, the flowing is as a rule not very profuse—the contents, or parts of them remain in the uterine cavity proper—the os but slightly dilated, and the uterus high in the pelvis. Here the same simple means will not suffice to dislodge and remove them. Very ingenious instruments in the shape of forceps, hooks, scoops, etc., have been invented and recommended by skillful and experienced physicians, to aid us to remove these obstacles in our way. I have tried various means of this kind, but my full conviction is, that in very many cases of this kind a little time and pa-

tience will do more for the woman than any of the most ingeniously invented instruments we now have or are ever likely to possess. Let me illustrate by a case that came under my care a few years ago. I was called in great haste to see Mrs. K., who was said to be flowing to death. When I arrived, I found it to be a case of abortion at about three and one-half months, the woman having procured it upon herself by introducing a whalebone into the uterus seven successive times. The excessive flowing had already stopped with the expulsion of the fœtus. The secundaries had not passed, and I consequently proceeded to remove them. I used every means at my command to do so, but in vain. The finger so nearly fitted the os that nothing could be removed by the side of it. The narrow forceps would tear through the soft structures, and the larger sized pair could not be used for want of space to manipulate them. I also tried a kind of scoop-shaped instrument, but in vain. Being compelled to desist, I concluded to wait with as good grace as I could command. The flowing having stopped, I gave the woman some *Arnica* 3d, and left. The next twenty-four hours passed without change. On the second night pain commenced again, accompanied with slight hemorrhage. This continued from six to eight hours, when the placenta was expelled without aid. But I noticed the mass, such as I now found it, was very different in size and consistency from what I had felt in the uterus the night before. The repeated although slight uterine contractions had forced almost all the blood out of it—had changed the soft, shapeless mass into a fairly solid, well-defined mold of the uterine cavity, capable of sufficient resistance to wedge its way out of the now much more dilated os. The woman recovered rapidly, and the case clearly proved one thing to me, at least: that my services were not so indispensable and valuable as I had previously imagined. Since that case occurred I have many times verified the fact that a little time is the most powerful assistant a doctor can have.

Then there is another class of this kind of patients that put a doctor's good nature to a test. Sometimes you find a wo-

man in the first months of pregnancy having a slow peritonitis for weeks, accompanied with occasional pains, but entire absence of any active symptoms. Little shreds and decomposed matter, or the rupture of the membranes giving vent to the amniotic fluid, only go to show that you have no hope to save the embryo, and still everything you do to empty the uterus seems to be utterly in vain. Introduce sponge-tents apply electricity, administer *Caulophyllin*, *Ergot*, *Quinine*, etc., high or low, or you may shower the cervix uteri with water, or introduce the sound into the uterine cavity, and allow it to remain for hours, and still the womb will act just like a stubborn mule or balky horse; it will not contract until in its own time it gets ready. You must wait. Time is the only effective remedy, and commonly a very safe one.

The hemorrhage caused by that degeneration of the ovum called Hydatids is generally apt to be mistaken for that of an ordinary abortion. Its frequent recurrence in spite of any care, its sudden appearance and disappearance, together with the rapid and unproportioned increase of the uterus, will soon tell what we have to deal with. In these cases nature alone relieves the sufferer by expelling the mass about the third or fourth month. If not, the introduction of an elastic catheter, and allowing it to remain for an hour or two, generally suffices to bring on pain and expulsion. Here the uterus is larger and more readily manipulated. Nevertheless, even in such cases, we can not have our own way. Last summer I treated a case of Hydatids of the womb where the mass was sufficiently large to make the woman appear at least seven months advanced in pregnancy. In her case I used every medicinal and mechanical means known to me and a number of other physicians who saw the case with me, but without any effect. Finally, after having carried it for about six months, active contractions took place, and the whole thing discharged without particular assistance whatever.

These and similar cases have strongly impressed on me that "to know when to interfere, and when to leave alone," is one of the prime virtues of a medical practitioner.

As Others See Us.

Dr. Richard Hughes, of England, the well known author of Hughes' Pharmacodynamics and Therapeutics, was, as our readers are aware, a visitor to our World's Convention. He endeavored to get at the real status of Homœopathy in this country, and thus gives his observation to the Homœopathic Review (London).

"The point about which I was most curious was this. There have ever been two schools of thought among Homœopaths. The one looking to the Hahnemann of Cœthen and Paris (1821—1843) as its master, has pushed forward in the direction in which he then walked, or to which at least he pointed. It has carried still farther the attenuation of the medicines, making the 200th instead of the 30th the normal strength, and some are soaring even beyond this. It has laid even greater stress upon the individualization of each case, making the subjective symptoms of the patient and the conditions of aggravation and amelioration of his symptoms of at least equal importance with the pathological condition from which he suffers. It has absolutely rejected the alternation of remedies, and has been averse to their frequent repetition. The other school is inclined to consider Hahnemann to have been at his zenith while at Leipzig (1810—1821), and is disinclined to follow him far on his later excursions. It stands by the range of dose exhibited in the first edition of the *Materia Medica Pura*, viz., from the pure juice of the plant up to the 30th dilution—professing to keep nearer the former than the latter terminus. It considers the pathological change the primary object to which similarity is to be secured; and, while not ignoring minute resemblances, is less careful about them. It therefore cultivates a physiological rather than a symptomatic pharmacodynamics; and thinks more of the disease than of the patient. While preferring the single medicine where possible, it regards alternation as a practice occasionally too beneficial to the patient to be rejected,

I have described these two schools as they legitimately exist, and probably always will exist, among the disciples of Hahnemann. I was curious to know whether the one or the other had had the larger share in making Homœopathy the great success it has proved in the United States. I wished also to know whether the later abnormal development (as it seemed to me) of the former school had any great standing or following in America: I mean the practice which counts the thousandths and millionths as the most appropriate potencies, and prepares them by bottle washing instead of by the graduated attenuation of Hahnemann, which abandons his totality of symptoms in favour of certain "key-notes" of each drug. The advocates of such practice have made much stir of late; and I was desirous of knowing how they were regarded among their colleagues.

The result of my observations and enquiries has been to satisfy me of the following facts:

First, I believe that the proportion of the two great schools is nearly the same in America as it is in England; that is, that there are ten of the second to one of the first. It has so happened that the men who have been most prominent as writers in the United States have been of what I have described as the later Hahnemannian type. Hering, Wells, Dunham, Lippe—no names have occurred in American homœopathic journalism more frequently than these; and their influence has always been exerted in the direction I have named. But when I came to ascertain by whom the great bulk of the homœopathic practice of the great cities was carried on, I found it to be by men of the other school. This was so even in Philadelphia, which is the stronghold of the later Hahnemannianism; it was still more marked in New York and Brooklyn; and in Boston the preponderance was enormous. I can no longer, therefore, feel, as for some time I have done, that the success of Homœopathy in the United States implies the superior efficacy of high potencies and the need of minute symptomatic prescription.

It is impossible, however, to converse with such men as I have named—to whom I may add Dr. Allen, Dr. S. A. Jones

and Mrs. Mercy Jackson—without becoming convinced of the positive efficacy of at least the 200th potency, and of the precision, consistency, and uniformity of success obtainable by the minute individualization they advocate. Whether such practice is suited to all constitutions and all maladies, whether it will work in the ordinary run of the treatment of common diseases, may be a question; but of the reality of the means employed and the results obtained by physicians of this stamp, there can, to my mind, be none.

It is otherwise with the advocates of key note selection and bottle washing preparation. They are, it seems to me, men of little weight or influence—amiable enthusiasts, who see everything as they wish to see it, and draw large conclusions from very insufficient data. There is a good deal of occasional employment of their transcendental attenuations at present, especially by the younger female practitioners; but I do not think that the system will survive to a second generation.

Travelling again to the other extremity, I notice that there is hardly sufficient appreciation in America of the mother-tincture. When the “low dilutions” are mentioned, it is generally the third centesimal which is meant—an attenuation which seems to me one of the least valuable we have, as it lacks alike the material power of the crude drug, and the penetrating keenness of the higher potencies. This neglect of the mother-tincture arises partly from the almost universal use of globules (known as “pellets”) in American practice, which can not easily be saturated with it; and this again springs from the necessity of practitioners dispensing their own medicines. Except where triturations can be employed, there is no way of doing this so convenient as the employment of pellets.”

THE WELL known London house of Macmillan & Co., publishers of “The Practitioner,” have undertaken the publication in England of “Micro-Photographs in Histology,” the monthly work conducted by Drs. Seiler, Hunt and Richardson. A large edition is required by the English profession.

Book Notices.

Compendium of Histology. By Heinrich Frey. Two hundred and eight engravings. G. P. Putnam's Sons, New York.

A few years ago histology was a subject known to a few only. It was a sacred possession, a knowledge not fitted for the common professional mind. Histology was not taught in our colleges, or often alluded to in our journals and text books. But this is greatly changed. This subject is becoming next in order to anatomy, a fundamental part of our medical education. No student should now be given his degree and diploma, without first showing a thorough acquaintance with histology. The work before us is the best text book on this subject that we have yet seen. It is a work of only two hundred and seventy-four pages, and while much condensed and brief, it is clear and ample enough for the student. For sale by Robert Clarke & Co.

On Tracheotomy and Laryngotomy. By H. B. Sands. No. vii, Vol. II, of American Clinical Lectures, E. C. Seguire, M. D., editor. G. P. Putnam's Sons, New York.

Those who have had the pleasure of reading this series of lectures thus far, will not need to be told that this lecture, like all its predecessors, is full of great excellence. The student will not find in the text books in general use, these subjects much more than barely alluded to. And yet they are of the greatest importance to the physician; for though these operations are not frequently needed, yet when the need comes, it is a matter of life or death to the patient, and a matter of failure and loss of reputation to the physician, or of success and lasting honor. Within forty pages Dr. Sands has compressed much valuable information. It is plain, brief and practical. Price thirty cents. For sale by Robert Clarke & Co.

DR. LAFITTE has employed subcutaneous injections of pure water in a great variety of diseases attended with pain. He has obtained as much success in the relief of this latter element as when he employed injection of *Morphia*, and attributes it to the compression of the terminal nervous filament by the injected water.

Editor's Table

A Letter From Chicago.

DEAR ADVANCE:—The inauguration of the Chicago Homœopathic College, on last Wednesday evening, Oct. 4th, was one of the events of the city. The occurrence had been anticipated with pleasure and pride by a large number of warm friends, who see before the institution a brilliant future, and as the "opening day" approached it became very evident that the large lecture room would be much too small to accommodate all who desired to be present. All possible expansion was made by the addition of a hundred sittings, and to those who came too late to secure them, we were obliged to tender sincere regrets for limited seating capacity, while we appreciated the endorsement which their attendance indicated. The exercises of the evening consisted in prayer by Rev. Dr. Everts, addresses by Professor Mitchell, President, Judge Henry Booth, Henry Strong, Esq. and C. C. Bonney, Esq., with music interspersed. Rev. David Swing was to have been present, but after the meeting had commenced, a note was received stating that he would be unavoidably detained and expressing regret that he could not be where so many of his friends were. The president's theme was "Medicine as a Study," and was treated in a very able manner. His remarks were listened to with marked attention. A leading idea appeared in each as the addresses was dealt with at length, viz. the absolute necessity for thorough education. The thought which is being bestowed upon the question of medical teaching by intelligent minds outside of the medical profession will do much to hasten the adoption of better methods of instruction than are now in general use, and to compel more lengthened courses of study. There is a desire which grows stronger day by day, to have diplomas issued on terms which will be something of a guarantee that the holders are possess-

ed of the knowledge which is requisite to battle successfully with the various forms of disease which threaten happiness and life. There is great significance in the various remarks which came to us from different quarters, and different classes of people, about the existing plan of medical education. A pressure is already bearing upon us which we do well to heed. The people are not as willing, as formerly, to assume the responsibility of testing every man and woman who can proclaim himself or herself as Doctor of Medicine. The responsibility is being placed where it belongs, that is, upon the colleges who send out the graduates with their endorsement. It is being insisted upon that the entire study of medicine shall not be done after graduation,

The President's remarks indicated that the responsibilities of the position were fully appreciated and accepted in all humbleness by the Chicago Homœopathic College.

Judge Booth is Dean of the law school in this city. It may interest some of your readers to learn, from so eminent an authority, that this college possesses all the rights and privileges that the State of Illinois can grant to any medical college, and that its diploma is legal throughout the United States.

The address of C. C. Bonney, Esq., I send you in full because it states the position of the college so clearly and abounds with beautiful thought. "CHICAGO."

DR. P. G. VALENTINE, Professor in the Homœopathic College of Missouri, (St. Louis) in an opening address before the college enters upon a fulsome eulogy of Drs. Temple, Comestock, Franklin, Helmuth and Walker. Considering these men are still alive, the propriety of such a work is more than questionable. It was in bad taste and not to be imitated. But he makes amends by this dash at the characters of a nameless few. "There are now more than forty homœopathic physicians in St. Louis, in good standing, all graduates; and there are some others, I regret to say, that would disgrace any calling in which they might engage. It is so here and everywhere." If that statement isn't a libel

on St. Louis it ought to be, and we don't hesitate to spurn the declaration as applied to other cities. But that is St. Louis courtesy, perhaps, at least a style too much followed by certain of our school. Better drop it.

HE DARE not do it. We mean Thaddeus Reamy, M. D., Professor, etc., of the Ohio Medical College. Thaddeus waxed eloquent the other night over the vices of the vapor bath. He discoursed like a laundress on the virtues of washing and astonished his hearers with a detail of the processes of ablution. But the vapor bath was something fearful to contemplate. On this point the venerable Dr. Curtis of the Physio-Medical school took issue and challenges the eloquent Thaddeus to a public discussion. But Thaddeus will not dare to do. His best hold is to keep on his own dung hill. Curtis would sweat him to death if he got a fair chance at him.

AN IMPORTANT SUGGESTION.—At a meeting of the Albany (N. Y.) Co. Homœopathic Medical Society, Dr. Waldo spoke of the importance of establishing a system of recording and publicly announcing the presence and location of several of the more frequent acute diseases. He said: "It is well known that a thorough system of meteorological observations is established throughout the entire country, and carried on by the Signal Service Bureau at Washington. Atmospheric changes taking place in all parts of the country are clearly indicated by this organization with remarkable foresight. It is also well known that many of the more violent and fatal diseases prevailing at certain seasons of the year appear in connection with, if not as a direct result of, certain peculiar conditions of the atmosphere. It follows that the announcement of the prevalence of the more frequent acute and epidemic diseases throughout the country would prove of very great advantage. (1.) By promptly furnishing reliable information concerning the presence and extent of epidemic zymotic diseases giving timely warning of their approach, thereby allaying needless alarm, and enabling those who may be peculiarly susceptible to avoid unnecessary exposure. (2.)

By affording opportunity to those who make these diseases a special study the better to determine their causes and the laws which govern them, to more accurately announce their probable approach, duration and intensity, and furnish information regarding precautionary measures to be adopted for escaping their influence."

ONE OF our subscribers sends us a summary of his year's work. He has tabulated all the diseases treated and the results; the number of prescriptions, number of visits, the different states in which his patients resided, etc., etc. The mortality shows a loss, for the year, of one in three hundred and sixty-five. This is a good showing and an example in keeping up statistics worthy of imitation.

THE Popular Science Monthly for November is especially good, containing several able articles on the present controversy raging in the scientific and theological world. Dr. McCosh and Principal Dawson on one side and Prof. Huxley and Edward Morse on the other, make a lively fight of it. The journal does not certainly lack in interest.

THE N. Y. Sun has taken pains to send a competent observer to Philadelphia to make a careful examination into the alleged existence of a malarial epidemic in that city. There are, undoubtedly, cases of typhoid and other malarial fevers there, as there are in every other city, but, instead of existing in sufficient numbers to warrant the alarm of an "epidemic," they are very few, when the causes for the development of such diseases, apart entirely from local malaria, are taken into account. Unwonted nervous excitement, excessive physical exhaustion, and unaccustomed ways of life are, undoubtedly, in a very great degree, the predisposing causes for the serious cases of illness which have awakened public apprehension. In many instances these influences have developed germs of disease already implanted, and, secondarily, been the cause of death. But that any local malaria, in or about the Centennial Exhibition grounds should primarily have induced such results to any marked degree, seems pretty

effectually disproved by the noteworthy healthfulness among the residents of that now overcrowded neighborhood. A rational observance of simple hygienic laws, including especially conformity to established habits of life and avoidance of exhaustion, physical and mental, will leave little to be feared from the "Centennial malaria." It would be advisable, however, to enforce a more rigorous supervision over the sanitary condition of some of the hotels adjacent to the grounds.

NEW PROCESS OF EMBALMING.—Dr. G. Bufalini has found that *Carbolic acid*, combined with *Camphor*, is excellent for the preservation of anatomical specimens. He prepares the mixture by bringing crystals of *Carbolic acid* in contact with pieces of *Gum Camphor*. The crystals unite and form a substance resembling oil. He dissolves the whole in a sufficient quantity of *Petroleum*, previously colored with *Cinnabar*, in the following proportions: two hundred grammes of *Petroleum*, seventy grammes of *Carbolic acid* and *Camphor*; or better, one hundred and thirty grammes of *Camphor* and *Carbolic acid*, and one thousand grammes of *Petroleum*. The mixture may serve as well for injections as for the immersion of pieces that are to be preserved. The pieces harden, but become soft and flexible when they are plunged into hot water. This mixture is not dangerous, and does not injure or stain the instruments.—*Detroit Rev. of Med.*

DR. STEPHEN HASBROUCK removed to 27 W, Thirty-first street, New York.

DR. J. W. CLEMMER has located in Dayton, Ohio.

DR. E. B. GRAHAM to Albany, N. Y.

RECEIVED.

Allen's Encyclopedia Materia Medica, Vol. IV.

Heath's Minor Surgery and Bandaging.

Roberts' Theory and Practice of Medicine.

Lilienthal's Skin Diseases.

Oehme's Diphtheritis.

Allfield's Chemistry, General, Medical and Pharmaceutical.



T. P. WILSON, M. D., GENERAL EDITOR.

VOLUME IV. CINCINNATI, O., DECEMBER, 1876. NUMBER 8.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, Cor. 7th & Mound, Cincinnati, O. Terms \$2.50 a year.

WHEN AT A safe distance from an antagonist, the neatest way to dispose of him is to tell him he lies. Marshall Hall's ready method of dealing with drowned persons is nothing compared to this. It lays your antagonist out completely, for the time being at least, and ten chances to one he will remain so, finding it inconvenient or not worth his while to contradict you. Arguments are troublesome things to manage; and besides, they sometimes fail. They are apt also to contain loop holes which you can not hide. As for proof, it is not always handy to obtain; but the lie direct is always easy to give. It is often very difficult to prove that you are right, even when you know you are so, and quite impossible to do so when you are in the wrong. You can in either case, cut the knot at a blow with a point blank charge that your opponent lies. If he denies the statement that only involves him in another lie. If he attempts to accumulate proof against you, no matter how much of it, you can effectually answer it all by this same summary method. You have certain views of medical practice. In the treatment of disease you follow certain rational fundamental principles. If they are contravened by statements coming from any source, you owe it to yourself and your profession to brand all such statements as false. You know very well that prolapsus

uteri can be cured only by pessaries; that ulcers of the uterus can be cured only by caustics and leucorrhoeas only by local applications. Now if a man who has spent years in the study and treatment of diseases says he has and can cure these cases solely by internal medication and especially if he uses *Bell. 1m* or *Sepia 95m*, or any other equally attenuated medicine, don't you know he lies? Perhaps not, but it is all the same. Charge him with lying and there are a host of men who know no more about this than you do who will make the air ring in applauding your valorous act. No matter if you are in favor of medical progress. No matter if you do feel that the old methods are faulty. It is very absurd that improvements should be made except in the way you prefer. Better have no improvements at all than that they should come in such an irrational shape. This troublesome innovator may be better educated, and may have had more experience than you. This fact only increases the necessity for your dealing with him in the most effective manner. He gives you his experience in the treatment of certain of these cases. Very well, you tell him that you know thousands of men who never had such an experience, and therefore he lies. But remember that distance lends its enchantment to this sort of replying. It won't do for close quarters or extended investigations.

Pulte Medical College, Cincinnati.

TO THE EDITOR OF THE MEDICAL ADVANCE:—A few days since, two students came to attend the Pulte Medical College, under the impression that the requirements of this college for graduation were so easy that they could attend a part of the session and readily obtain a degree. A brief inquiry into the matter soon satisfied them that no candidate could pass the requisite examinations unless he possessed a knowledge of medicine of a high order, and equal to that demanded by any existing medical school.

Thereupon they left and entered the oldest allopathic medical college in Cincinnati, where they believed doctors were more easily and quickly made. These young men evidently possessed false impressions regarding the Pulte Medical College, as the result of false statements by parties who are acting from base motives or unpardonable ignorance. We have not

forgotten that the editor of the Medical Investigator, not long since, threatened to cite our college before the bar of the American Institute of Homoeopathy. His chief complaint was, that we held two graduating terms in each year. He also intimated that we had reduced the time of study, and were making doctors too rapidly. He was urgently invited, during the last meeting of the Institute, to make his threat good, but thought better of it and held his peace.

A certain professor in the New York Homoeopathic College was bold enough to say that he would vote against the admission of any man who held a diploma of the Pulte Medical College, and he had reasons similar to those already stated. He didn't venture to raise the issue, however, when the test came. These gentlemen evidently are not alone in their peculiar and mistaken views, but they are part of a very mischievous minority for whose benefit this article is written. Their misrepresentations can have no defensible ground to stand upon after they become better informed of the plan of medical education adopted by the Pulte Medical College.

That this plan has been greatly misunderstood and strenuously objected to, is not a surprising fact when we consider how new the plan is and how radical are its changes of the old stereotype plan followed by other medical colleges.

In the first place, our plan offers to medical students the only opportunity to attend more than three full courses of lectures within the usual term of study, and this without additional expense. How many students under the old plan attend three terms of lectures? Not one in fifty. Under the plan we have adopted, more than three-fourths of our students accomplish this, and that by their own individual preference. This fact alone is a sufficient answer to all the objections that have been or might be stated against the plan we have adopted.

An estimate of the work done during the three courses of lectures will show very clearly the rare and valuable opportunities we are now offering to medical students.

During that time there is delivered an aggregate of two thousand, one hundred and sixty lectures divided, as follows:

Clinical Lectures,	{ At the Hospital,	648.
	" " College,	324.
Didactic " at the College,		1,188.

Total of lectures for the three terms, 2,160.

The hospital, as we have repeatedly shown, is one of the largest in the United States, having an aggregate of over three thousand patients yearly. Surgical operations and autopsies are presented in abundance by an able staff of surgeons. This institution is conducted by representative men of the old school, and while our students are massed with the students of all the other medical colleges of the city and treated without partiality, un-

usual opportunities are thus offered for comparison and study of the various modes of practice.

Up to the first of November of the current term, there have been presented to the class at the hospital, over one hundred clinical cases. At the daily clinic of the college, we have shown the students, during the past six weeks, over one hundred and forty clinical cases.

Our plan requires of each student that he shall faithfully attend upon all clinical lectures at the hospital, and that he shall keep a faithful record of all cases presented at the college clinic. This, we are happy to say, is done by the class, not only cheerfully but eagerly. The success of these requirements has surpassed all our expectations. No student in our present class desires a restoration of the old and discarded plan of medical teaching.

Nine months of lectures in each year is a task not performed by the faculty of any other medical college. It seems more formidable than it really is. It results beneficially to the faculty equally with the class. It keeps up most unexpectedly the working spirit of the teaching corps.

Let us briefly review the practical working of our colleges since their organization. At first the demand for physicians was so urgent, that degrees were conferred on a short term of study. As our colleges became more numerous, and the active demand lessened, it became evident that a longer term of study and attendance upon more lectures was necessary. The Cleveland College was the first to lengthen its term, and as early as 1864, (at the suggestion of the writer) a graded course was adopted by that institution. The experiment was tried and failed.

Some years later, Prof. Buck, of the same college, introduced in a meeting of the American Institute, the well known resolution recommending the three term graded course.

This plan, adopted by all the colleges, was tried and failed, because students could not be induced to attend three courses in the homœopathic colleges, while all the allopathic institutions were graduating on two courses, and all our colleges contented themselves by simply announcing, "the grade course is optional."

TERM OF STUDY.

Three years were announced in every circular as the shortest period of study that would entitle any candidate to apply for graduation. Yet in every college numerous cases occurred every session, where students had attended two full courses of lectures, but were short several months in their time of study. In almost every instance the rule was violated, and the student allowed to graduate.

Those inexperienced in the management of a college may see no reason for the failure of the graded term, or find any excuse for violation of rules. But in this they are mistaken, as the existence of a college depends upon students. Its business affairs must be so managed that it can secure, in

the absence of governmental aid, a living patronage from students. So long as allopathic schools do as they do, and physicians of our medical system are as indifferent as to which school they recommend their students, the managers of the homœopathic schools can not essentially change their former course, and secure respectable classes.

To meet the demands of the profession in securing a more thorough medical education for students, the Pulte Medical College was organized under a promised endowment of sufficient amount to support the institution, irrespective of tuition, while it established the graded course. Even more. It established an extra degree as a reward for proficiency.

On its failing to receive the promised funds, it would have been allowed to die, had not the general reputation of its friends and the wants of the profession demanded its continuance.

The faculty had purchased an expensive building and college appliances, supposing that the endowment would pay more than its indebtedness. On learning of their failure to receive the promised funds, they at once, by the assistance of friends of Homœopathy, provided for all indebtedness, and renewed their determination to establish a thorough curriculum of medical study, keeping high the standard of graduation.

To accomplish this, it seemed necessary to have longer college sessions, and they adopted the present plan of a nine months annual session. Let us now examine its practical working and see if we can discern any reason for fault finding.

But few students can or will study medicine more than three years. The time spent in a medical office is of much less value than the same time spent in a college where clinical instruction is the leading mode of teaching, while our student can attend lectures for twenty-seven months with three years study. Students of even limited means can attend three or four terms, so that in all instances we meet the wants of all classes of students, at the same time better prepare them to graduate than in any college conducted on the usual plan.

As a result of the course adopted, our present class is double that of any former session, a large proportion of whom have matriculated for three full terms of lectures. They are from most of the Northern States, and some from the Southern. In point of intelligence, they compare favorably with any class I have lectured to in my twenty-five years experience as a teacher.

Letters are daily received by students attending other colleges, and those who have already attended lectures, in reference to the Spring Term, and I believe the Pulte Medical College will matriculate more students this season than has ever attended lectures during a single session of any college in this country.

In conclusion, I wish to state to the profession and students, that the Pulte College has but one object in view, viz: To give a thorough and com-

plete course of medical instruction, to excel, if possible, every other institution in practical teaching, and under all circumstances prevent unworthy candidates from graduating.

If we can but do this, we deserve not only the patronage of the profession, but their assistance also, in furnishing specimens for our museum.

The important question is, can and will this be done? I claim the right, from my long experience, to answer, although I am directly an interested party. In most institutions there are but a small portion of the faculty who are useful teachers; the faculty of the Pulte is an exception to this rule, it is composed of men of mature years, ripe in medical experience, and, fortunately, adapted to teaching. They are earnest workers for the future growth and usefulness of the college, as will be seen when I assure you that they lecture three-fourths of the year, all agreeing to devote the fees of students for the purchase of additional means of instruction.

I freely confess that I felt chagrined, while attending the conventions, at the complaints made by the young men I have spoken of, and would not have written any statement contradicting them, were it not that other students may be deceived like the two I have mentioned.

The status of the Pulte College is simply this: It will graduate students on the same terms as our best colleges. It will also urge young men to attend more courses of lectures than are usually attended, and afford them the opportunity of doing so. It will not graduate on short term of study, as stated in the Investigator, but do just what it sets forth in its announcement. It demands that all students shall attend the hospital and clinics, as well as the lectures and dissections; and when they have fulfilled the requirements of presenting proof of the usual time of study, an attendance upon two or more terms of lectures, the last of which shall be in this college, and pass the examinations, they will receive a diploma which, in my opinion, will be valuable to them as coming from a college that will ever strive to prevent any person receiving its degree who is not worthy.

S. R. BECKWITH.

The above article should be read with care, coming from the pen of Dr. Beckwith, who has delivered nearly double the number of lectures of any man connected with our colleges. He has lectured twenty-seven sessions, and does not now labor for any honor or profit the college may give him, but rather to aid in making the Pulte just what he always claimed a college should be.—EDITOR.

Our First Bagging. By Dr. Ad. Lippe, Philadelphia.

Before we are bagging "game" it is necessary to first know that there is some game about, and in the second place there must be a ready trapper on hand, who is familiar with the game and its habits. As to the first question, Is there any game about? Why, we have only to open the various so called homœopathic journals, to begin with the British Quarterly, which has never been guilty of the least leaning towards Homœopathy as taught and practiced by Samuel Hahnemann, and to end with all the various journals that have Hahnemann on the title page, and inside "eclecticism," or open attacks on Hahnemann and his followers, all of course covered up by the new garment of "Charitas," which covers all iniquities, all departures, but consigns to condemnation all consistent men who had the temerity to read the Organon before they could become confirmed Eclectics; and fully endorses, charitably, those who were convinced that the "*esprit de corps*," or, as we translate it, a blind submission to the rules dictated by a medical "Trades Union," is to be accepted by the many thoughtless men, who despise the reading of the Organon, and prudently forbear with magnanimity in behalf of the good of said "Trades Union," and for their sake "put their light under a bushel." Some of these men want no trapper to catch them. They set their own traps and tamely go into them and deliver themselves up to the mercy (no charity about it) of the "*Observer*." When a public man, teacher and speaker, expresses his idea that the Organon should not be read by medical students, he surrenders at once; his intention to turn our school over to the eclectics becomes so self-evident that there can be no question about it. How is any sensible man to make the practical experiment, how can he put to a test the question of the practical applicability of Homœopathy as a therapeutic means, except upon the assumption that the man who so applies to the experiment is versed in the principles, and knows the practical rules by which these principles can be properly applied? And now

Who taught all these things? Why, nobody else but Hahnemann himself, in his various writings, and first and foremost did he teach all these things in his "Organon of the Healing Art." Now we must come to the conclusion that the man who tries to make the attempt to test the truth of Homœopathy without such previous knowledge and a full understanding of Hahnemann's teachings will make a "fiasco;" and we furthermore are convinced of another fact, that the man who openly denies these things and claims that the Organon is a good book, and may be profitably read by the advanced practitioner, is in the same position as the man who advises his friends not to go into the water till they can swim. Can any one learn to swim who does decline to go into the water? Can any one learn Homœopathy without becoming fully versed in Hahnemann's teachings by reading his writings explanatory of it? Such men are caught in their own traps, and are "game," trapped by their own showing, and we set no traps for them. That game is abundant is clearly understood, and we confess that we have set traps for them; the habit of the game is also known to us; they can't be caught by a trap logical or a trap argumentive; these traps are cunningly avoided; they are ignored. Now we did set a trap pathological when we presented to the World's Homœopathic Convention our paper on Diphtheria, and there did go into that trap and spouted, as will be seen in the October number of the MEDICAL ADVANCE, page 272, our learned writer of notes on said paper. Not that we object to his funny notes, not at all, we even feel ourselves much flattered that our learned friend takes to writing notes and is caught in the trap pathological. We confess to have said in said paper that *Kali bich.* was indicated, and would, therefore, cure diphtheria arising from spiro bacteria. We know it will, but our learned friend was nevertheless induced to go into the trap—did not see the joke. It is a characteristic symptom of *Kali bichromicum* that it goes to the bottom of the tissue it attacks, just like a cork screw. It will cure chancres that will go clean through the glans penis into the urethra, and cure them "quick." Now as all these character-

istic symptoms have their analogies, it is clear that if *Kali bich.* does cure a case of diphtheria, it may be easily supposed that that case depended on and was caused by spiro bacteria, and, therefore, we were bold enough to flatter our friends of the pathological school, who, like the note writer, depend altogether on "pathology," and want more of it. Now we gave it to him in the shape of a parody on pathology—and as he went blindly into the trap, and crows over our remarks satirically made, we will show him the point. Suppose we were to deteriorate from Homœopathy to a pathological school as it was, and we were to be guided in our therapeutics by pathology and by such structural changes as were discernible by our senses, and we classified our therapeutic means of cure according to the classifications of the various forms of diseases, and say diphtheria arising from spiro bacteria is curable by *Kali bich.* we may be all right theoretically, but what practical value would such a discovery have? Why, friend note writer, none what ever. By the time you have collected the bacteria and gone home and put them under your microscope and have at last determined that they belonged to the species of "spiro bacteria," and you go back to your patient, you will be just in time to be too late, and no matter whether you had the convictions that only appreciable doses will cure diphtheria, or the conviction that all such men as have testified that they have cured and continue to cure diphtheria with highly potentised drugs are "liars," the pathological indications will forever remain valueless to the true "healer." By the way, let us just tell this pathological homœopath that "all the characteristic indications for the various remedies to be used for the cure of the sick come from men who never use appreciable doses." The note writer really goes on to tell us some new discoveries. "Charcoal is not a disinfecting agent." Thanks for this information; and we will now return the compliment. We can discern the mental symptoms on our first visit, it does not take us three or four days to discern them, and they are to us a great help in finding the truly curative remedy, they must be covered by the remedy first and foremost, but as pathology can

not account for them, and as some men have no mind, they are to the man of no mind but full of pathology minus Homœopathy, of no possible use—therein we have differed, and shall continue to differ.

The note writer informs his colleagues, page 298, that “we should get at the pathology of our cases.” What does this mean? Why, we must generalize, and, therefore, says our learned friend, “If we don’t understand the pathology of the case, we can not report them, and that is what our doctors do not seem to understand.” Why does not Dr. Owens immortalize himself by writing a reliable pathology? As if such a thing ever could be done; as if ever therapeutics based on the understanding of pathology were worth anything! We have heard enough of this thing of trying to “look learned.” We full well know that men who sport the physiological livery “hate and despise” Hahnemann’s teachings, and as drones in the school, merely adopt the name, but never knew or adopted the principles of the school. Now if they endeavor to return to generalization, they might know that Homœopathy insists on individualization. May be some learned friend may aid these schismatists and show them how they may at the same time generalize and individualize, how our science of therapeutics is capable of adapting itself to, or dovetailing with, or making subservient to its uses, pathology. Some philosophers may just as well undertake to show us how to mix oil and water, and if it can’t be done, declare that the science of chemistry should be condemned, or they may exact from us the belief that truth and error can for one moment co-exist together. As Dr. Owens is not likely to give us a perfect and reliable pathology with all diseases fully explained and their history correctly given, all of course under a full conviction that diseases are never to change again under no circumstances, and attack all people alike now, and will do so forever, that we as generalizers will have an easy time of it, we will now say something to him he may not relish; something that will put an end to his most enthusiastic expectations; something that will extinguish forever the claim of these men to be able to patch up a piece with the common school of medicine; something that will show him

that the progressive medical men of the world really advance and accept Hahnemann's teachings, first and foremost, the necessity to individualize! And we quote from a daily morning paper which has taken it up. In the Public Ledger of Philadelphia, October 20th, we find, "Dr. Evans' advice." "In a recent address to the students attached to the Middlesex Hospital, London, Dr. George H. Evans, M. A., stated in a sentence the secret of success in the practice of medicine. He said: 'In the exercise of your profession you will have to treat individuals, not diseases.'" There it is. Dr. Evans is coming to his senses and does fully endorse Homœopathy. Dr. Owens in search of the flesh pots of Egypt, will find when he returns to the pathological potter's field, that the camp has been fully evacuated by its former occupants. Some half starved grave diggers remain, still mourning over the faded physiological and pathological livery, which is all that remains of former glory and good times, both for the generalizing doctor and the disposers of his skill. And this is all the reward these men who sport the pathological livery will obtain, a deserted camp. The allopathists are accepting our teachings, notwithstanding the defection of such note writers as is Dr. Owens and men like him.

Theory and Practice.

Experience with High Potencies. By R. S. Bishop, M. D.,
Medina, N. Y.

CASE I. Man about seventy years of age, farmer, has been all his life an unusually hard working man, absolutely overworked. April 1, 1876. Conditions: Apparently com-

plete hemiplegia left side; mental faculties much impaired, seemed difficult to make him understand questions asked, enough was learned, however, by signs, etc., to tell that he had general headache; there seemed strong indications of complete general paralysis coming on; bowels constipated. This condition was found at the end of some four months of allopathic treatment, during which time his symptoms had been continually becoming worse. I offered them no encouragement that he would recover; in fact, I had but little faith that he could be even temporarily helped; I had no confidence in any ordinary means. *R Nux vom.* 94m. A few pellets dissolved in half a glass of water, dose repeated every three hours. I had often given *Nux vom.*, from mother tinctures to 200th potency, in similar cases with no satisfactory result.

April 10. Some signs of motion restored to paralyzed side; no movement of the bowels for ten days, had previously taken large doses of cathartic pills. Continued *Nux vom.* 94m, with instructions for enema of warm water.

April 22. Patient can talk, and raise hand nearly to his head, pain less and mind clearing up; no movement of bowels, although powerful enemas had been given since my last visit; now three weeks without action of the bowels. *R Adeps* 1m, to be repeated every two hours until an effect is produced upon the bowels. *Nux* discontinued.

April 25. Reported that after giving medicine for about four hours, bowels moved with great difficulty, dry, hard stool. In a few hours evacuation was repeated. After some further lapse of time, indications seemed to be that they were to have a diarrhœa to contend with, when they discontinued the medicine; he was now having two evacuations per day. *Adeps* discontinued and return to *Nux* 94m.

May 2. Much improved, sitting up and talked with me freely; gave me hand upon the effected side when I entered the room. *Nux* 94m continued. Within one month from this date he was out in the fields doing some light work. During the summer and fall up to this writing, he is in good health for a man of his age; has been several times at my of-

fice, distance fourteen miles, drives his own team, riding upon a load of produce.

CASE II. July 19, 1876. Woman about twenty-seven years of age, married. The history of the case given me at my first visit was, that after a visit to the Centennial Exposition, which was described as extremely tiresome, she took cold by being in a damp cellar. This expression, took cold, can be taken by the reader for what it is worth. Diagnosed the case as typhus. Had been at that time ten days sick. Condition as follows: Pulse one hundred and five, temperature in axilla one hundred and four; tongue moist with white coating, red edge and tip; slight cough, constipation, much prostration of strength; sleep disturbed by dreams. *R. Gels.* 1st dec.

I will now tabulate from my case book that the comparisons may be easily made, and explain items.

Date.	Time.	Pulse.	Temp.	Items.	
July 20,	4 p. m.	105	102	Delirium increased.	<i>Rhus tox.</i> cm.
" 21,	"	108	102	" unchanged.	" "
" 22,	"	108	102	" much increased.	<i>Bell.</i> 1st dec.
" 23,	"	112	104	" still " "	<i>Rhus.</i> cm.
" 24,	"	108	102	" lessened.	" "
" 25,	"	108	102	" no change.	" "
" 26,	"	108	102	" less.	" "
" 27,	"	108	102	" "	<i>Ars.</i> 1st cen.
" 28,	"	110	103	" increased.	<i>Rhus.</i> cm.
" 29,	"	108	101	" unchanged.	" "
" 30,	"	108	102	" less.	" "
" 31,	"	106	100	" "	<i>Rhus.</i> 3d cen.
Aug. 1,	"	112	102	Much worse every way.	" cm.
" 2,	"	108	100	" better " "	" "

Case was continued in the use of *Rhus* cm until convalescence was fully established, which was at the close of the fourth week from first attack.

To you who wish to claim that this was simply an uncomplicated case, effecting its own cure, let me call your attention to items. On the twenty-second, *Bell.* 1 was given in place of *Rhus* cm. Note the result. If you think this only a natural exacerbation. Observe again. Returning to *Rhus* the previous conditions are restored. Some one says, simply coincidence. Look at twenty-seventh date and see results.

You low dilutionists say, low would have done just as well or better. Please see the effect of *Rhus* 3d on the thirty-first, and the result of returning. If you ask me why I gave it, the reason was, I was twenty miles from home, and found my vial of high potency empty.

CASE III. September 17, 1876. Was called to a neighboring village to see a woman who had been nearly two weeks sick with typhoid fever, under allopathic treatment. Had that day been pronounced hopeless, hence the change to Homœopathy. Condition was one of extreme exhaustion; pulse one hundred and fifty, temperature one hundred and four; characteristic pea soup stools twice per hour—all the extreme symptoms of an advanced case of typhoid. *R. Ars.* 103m.

Sep. 18, Pulse 126, Temp. 101, Evacuations every two hours.

" 19,	" 116,	" 100,	" three per day.
" 20,	" 104,	" 100,	" ceased.
" 21,	" 100,	" 99,	" "
" 22,	" 96,	" 99,	" "
" 24,	" 76,	" normal,	Fully convalescent.

I would offer one thought here, in typhoid fever at least, the indicated remedy once well selected, to be continued to the end.

Arnica in Post Partum Tympanitis and Renal Colic.

TO THE EDITOR OF THE CINCINNATI MEDICAL ADVANCE.—Dear Sir:—In your report of the meeting of homœopathic physicians a few months ago, at which you delivered a lecture on the "Loss and the Remedy," I perceive a loss; if not a loss of the remedy, there is certainly a loss of the point, I intended to make, about a remedy. It does not do

me justice, and would not be of much benefit to the profession. Therefore, allow me to make my own statement. In compliance with your request in your lecture for data or facts in our experience I said, in regard to post partem tympanitis:

That for many years I prescribed *Arnica* and *Aconite* after confinement, with benefit to my patient. But in a case of confinement (primipara) several years ago, a profuse hæmorrhage followed the delivery of the second child (being twins) that compelled me to remove placenta and clots (which was easily accomplished, as the uterus remained distended like a balloon) while giving *China* and *Secale cor.*, in alteration. This proceeding controlled the hæmorrhage, but the tympanitis remained the same. Now came the question, what is the best remedy for this tremendous distention? *China* for this symptom in the therapeutics of our authors, and many others are recommended, but *Arnica* was not mentioned. Neither my consulting physicians nor Guernsey's Obstetrics mention *Arnica* for this symptom and so the patient received, after *China* failed, other remedies and died within two weeks.

About a year afterwards, I was called to another case, after tympanitis had set in, several days after delivery, she being attended so far by a midwife. On account of the general condition, I was impressed that *Arnica* was the remedy, but—has it tympanitis? Now I looked in Lippe's *Materia Medica* and found there under the abdominal symptoms—tympanitis. As soon, as I saw this, I was as sure of curing this patient, as Achilles was of killing Hector, when he enchanted him. I gave *Arnica* and the distension vanished immediately, and the patient recovered entirely in a few days.

Now this *Arnica* cure reminded me of another case, where the remedy helped, *i. e.*, in renal colic, depending on calculi.

A patient was suffering for years with this disease; I attended her in many spells and relieved her of an attack, generally in a few hours. But the last time it seemed as if no relief would come, and after remaining about four hours with

the patient, I concluded to go home and consult Raue's Record. There I found that Dr. Small gave *Arnica* for such a case with complete success. I immediately gave this remedy and a few doses relieved her entirely in a short time.

The patient wished to have this remedy on hand, if she should have an attack again, when absent from the city; but she has never needed it, although several years have passed.

Cincinnati, Nov., '76,

B. EHLMANN, M. D.

On the Use of Glycerine with Tannic Acid. By A. C. Rickey,
M. D., Dayton, Ohio.

Glycerine has come to be regarded by all, as a most valuable therapeutic agent, used alone or in combination with other drugs. I wish to call the attention of the profession to the great value of its use in combination with *Tannic Acid*, as a local application, in the treatment of a number of diseases. *Glycerine* when applied to an inflamed mucous surface, causes a copious serous exudation, reduces the turgescence of the capillary vessels, and thereby the congestion brings about a normal circulation of the blood.

The addition of *Tannin* increases this natural effect of *Glycerine*. This property constitutes the compound a most valuable agent in treating congestion and inflammation of mucous membranes, particularly where this condition has become chronic. For upward of five years I have used this preparation with the most satisfactory results in the treatment of metritis, acute and chronic, corporeal and cervical, uterine catarrh, vaginitis, cystitis, urethritis, vaginismus, vulvitis, pruritis vulva, dysmenorrhea, amenorrhea, menorrhagia, prolapsus uteri, and of the bladder, fissure of the anus after labor etc. I invariably use it where there is congestion of these

parts with tenderness, fullness, aching and bearing down sensation. Of course I prescribe internally the remedy indicated. In ophthalmia, catarrhal and granular, in ecchymosis from a bruise, it is often serviceable. It is also of great value in treating chronic nasal and pharyngeal catarrh. My method of using this preparation is as follows:

℞ Tannic Acid 3i
Glycerine 3i

M. Apply, in treating diseases of the uterus or vagina, through a speculum, a ball of cotton, medicated with this solution.

The patient may easily be instructed to use this herself. It should be introduced on retiring, and removed on rising. A cord should be attached to the cotton by which to remove it, or the patient may inject about a drachm of the solution with a small vaginal syringe (No. 2) after assuming the recumbent posture. Should the application be too powerful, it may be reduced by adding water or less of the *Tannic Acid*. There are a few cases where the action of *Glycerine* is injurious. But they are rare. For the eye use this formula.

℞ Tannic Acid gr. ii to iv
Glycerine 3ij
Aqua Dist. 3vi.

M. Sig. Drop in the eye two or three times a day.

I can confidently recommend this mode of using *Glycerine* to the profession, feeling assured that its judicious use will be gratifying to both physician and patient.

THERE WAS a little gathering the other evening, and a lady with a desire to chasten the conversation, asked a young man if he never felt a deep and subtle thrill, a fullness of feeling so to speak, that reminded him of a better life. He said he had once; it was when he was in the country, and the doctor called it cholera morbus, and charged him four dollars a visit.

Dec-2

General Clinics.

CURES WITH ARSENICUM.—From Der Allgemeine Homœopathische Zeitung.—Translated by A. McNeil, M. D.—A woman, aet. twenty-four, troubled with a yellowish leucorrhœa, has been sick several days with dropsy. The disease began with weakness and pain in the throat when swallowing; the face, abdomen, and limbs, particularly the legs, are swelling with dropsy; for four days she has been unable to lie down, for she is immediately attacked with such dyspnœa that she fears death from suffocation. Yesterday she was attacked by a paroxysm of weakness, unconsciousness, rattling breathing, and cold sweat, so that her friends feared she was dying. She is tormented by a cough with mucous sputa streaked with blood; retching and vomiting of the ingesta, so that she has but little sleep, which she is compelled to take with her head resting on a table; her sleep is disturbed, frequent shuddering with goose flesh; has great thirst, and small, quick pulse, frequent attacks of vertigo, heaviness of the head, burning in the eyes which are gummed up in the morning, cloudy vision; dry coryza, with loss of smell, bitter taste; the tongue is coated; pressing and feeling of trembling in the pit of the stomach; painless, fetid diarrhœa. *Arsenicum alb.* 12, a drop every six hours; as improvement appeared, only morning and evening; made, in four weeks, a perfect cure.

Henriette B., a year and a half old, an extremely emaciated, pitiful looking child, with enlarged bowels and small legs, on which the muscles hung withered and relaxed; the skin on the entire body is wrinkled, dry and of a dirty gray color; she has been afflicted for half a year from diarrhœa, watery, unconscious, cadaverous smelling, and passing twenty to twenty-five times a day; the hernia of the umbilicus is as large as a hen's egg; she eats little, but drinks continually with avidity, and prefers cold water; her voice does not sound

like that of a child, but resembles much more the mewing of a kitten. *Arsenicum alb.* 12, eight globules dissolved in two ounces of water, a teaspoonful twice a day. After fourteen days the child looked better, did not drink so much, the diarrhœa, although still frequent, ten or fifteen times a day, is no longer so fetid. *Arsenicum* as given above. She recovered gradually and became healthful and cheerful, without any other medicine.—DR. BOJANUS.

A woman thirty-two years old, delicate, has borne six children, the last but a short time ago. She suffered a long time in her youth from blepharitis glandulosa, at the present time from an ophthalmia intermittens, otherwise well. She complains of a violent, burning pain in the eyes, which begins every afternoon about four o'clock, accompanied by severe photophobia and lachrymation. The conjunctiva *bulbi et palpebrarum* is injected. After three or four hours all these symptoms gradually abate entirely, so that the patient at ten p. m. feels nothing but a slight dullness of the head, weakness of the eyes and general weakness. Shortly before the beginning of the paroxysm she complains of a faint weakness. In the interval between the paroxysms there is nothing abnormal perceptible except a slight redness of the conjunctives. *Arsenicum alb.* 30, six globules to be taken four times, night and morning, removed the entire trouble.

A gentleman, aet. seventy, who, on account of an old hernia and his advanced age, had become incapable of business, was not able to maintain his large family in a suitable manner, and consequently fell into a deep melancholy. He walked up and down the room the entire day, wringing his hands, and talking constantly about starvation, and would not allow himself or his family sufficient food; he stopped smoking and drinking beer because of his gloomy forebodings; he was afraid to go out for fear his numerous acquaintances would not recognize him, and he was surprised and chagrined at each of my visits because he thought he was unable to pay my fees. He thus tormented himself and family. He spent the greater part of the night groaning, moaning and complaining loudly that starvation and other misfortunes would afflict

him and his family. Would not stay in bed, but walked about the room, wringing his hands and keeping his wife awake. On being questioned why he behaved in such a manner to the distress of his wife, he replied that he could not lie still, as an internal restlessness drove him out of bed and that his groaning and moaning were involuntary, and that he could not at times refrain from weeping aloud. *Arsenicum alb.* 3, in powder, a dose night and morning. In a few days he was in a condition to stay in bed, and ceased his lamentations, and the fixed foreboding of poverty was soon forgotten. His appetite returned by degrees, and the desire for society also, and in six weeks the melancholy was permanently cured.

IS IT A SYMPTOM OF ANY DIAGNOSTIC VALUE?—In using immediate percussion over the chest of consumptive patients, my attention has been directed to a prominent swelling of the parts struck, coming on quickly and as rapidly disappearing, resembling very much a wave like ripple over a smooth surface of water. Since my attention was first directed of this phenomenon, I have noticed it in every consumptive patient examined, and the greater the development of the disease, the more prominent the swelling. It is not perceptible in patients who are free from tuberculosis, and in the incipency of the disease is but slight; increasing however as the disease advances. In order to bring the swelling out most prominently, a quick stroke with the percussion hammer, or the finger, should be made over the second or third rib or clavicle. The swelling will immediately follow the stroke. I have never seen this symptom mentioned in any of our text books. Respectfully, W. E. GREEN, Little Rock, Ark.

PROLAPSUS UTERI, OR PROCIDENTIA UTERI, COMPLETE, OF FIFTEEN YEARS STANDING, CURED BY THE USE OF *Belladonna* 200TH POTENCY.—Mrs. B. Age forty-three years, German by birth. At the age of sixteen, in the month of March, she fell into water up to her arms, at the time of her monthly flow,

which caused immediate suppression and convulsions. The menses were restored by the use of emmenagogue medicines. The convulsions returning with the menses; also drawing, dragging pain in the small of the back, bearing down in the lower part of abdomen. This condition lasting and gradually gaining in violence for eleven years, when sudden and complete prolapsus took place. Convulsions come on suddenly with screams and loss of consciousness; eyes, alternate contraction and dilatation of the pupils; froth at the mouth, and the teeth set tight. All the symptoms relieved by the flow, which is hot and bright red, lasting six days, then stopping as suddenly as it commenced. Has to lie quietly in bed during her menses. Between the menstrual period, any slight lift or misstep brings on prolapsus. The greatest characteristic indication for *Belladonna* in the case, was the suddenness of the attack, also, all symptoms disappearing as suddenly. The medicine was given once a day for the first month, then once a week for the next two months. It has now been two years since the treatment, with no return of the prolapsus or convulsions.—JAMES DICKSON.

CLINICS BY S. R. GEISER, M. D.—CASE I. Colic; infant aged three months, has been suffering from flatulent colic for six or eight weeks; the child is always cross and troublesome; the mother says it will neither sleep during the day nor night, unless in constant motion; she says she is completely worn out taking care of the child. The abdomen distended, gurgling and rolling in the bowels at times; there is much belching without apparent relief; the health of the mother is good, and her diet such that could not be the cause of the trouble; proper attention to cleanliness is not wanting; this is the fifth child of the mother, and she says all of her children were subject to the same trouble, until one year of age; has tried several homœopathic physicians throughout the country, (the family has moved from place to place frequently,) but says none of them did her children any good. The only thing that ever gave any relief whatever was an

allopathic prescription containing six or eight different drugs, but the physician has gone to Europe, consequently could not get it again. I gave the leading homœopathic remedies in low potencies, recommended in our text books for flatulent colic, without any benefit. I thought the trouble was probably due to sucking in of atmospheric air, while nursing, as the mother said it nursed very hastily. I therefore gave *Chloric ether* as recommended by Dr. Hughes, for such cases, without any relief. Foote recommends *Cina.* 9-12. I gave this remedy in the thirtieth dilution on pellets from the fact that the child often strains, and tries to go to stool but in vain.

The result was immediate relief. The mother says she can now sleep all night without being disturbed by the child and can do her work during the day, as it sleeps nearly all the time; when awake is perfectly quiet and satisfied. I do not present this as something new, but simply to confirm the efficacy of remedies in an attenuated form in some cases.

CASE II. Was called July 5th, to see Edward B., aged one year; suffering from diarrhœa for two weeks; child was very much emaciated, bowels move from eight to twelve times in twenty-four hours; character of stools fetid, watery, worse after midnight. *Arsenicum* 6, seemed to hold in check the diarrhœa, but on the seventh the child presented a drowsy appearance, head hot, feet cold, and sleep with eyes half open. Effusion was evidently taking place, for which condition *Bryonia* 3 and *Hellebore* 3, were given every hour in alternation. July 8th. But little improvement if any; continued the same remedies. July 9th. Spasmodic twitching of the eyes; jerking of the muscles of the arms and lower extremities; called Prof. Crank in consultation who, thought the child was in a critical condition, and suggested *Cuprum met.* in alternation with *Bryonia* every hour, and hot fomentations to the head. The latter, the child would not endure, consequently was dispensed with by the mother. July 10th. Apparently a little improvement; continued the same treatment. July 11th. Child appears lively and very much improved. A

few doses of *Sulphur 20* were given and the patient was discharged.

The parents seem to be very highly pleased with homœopathic treatment as two of their children died previously with similar diseases under allopathic treatment.

A REMEDY FOR EMPHYSEMA PULMONUM.—By von Grauvogel, chief of medical staff.—Translated by A. McNeil, M. D.—The remedy for emphysema pulmonum, which I discovered by provings on the healthy, and have confirmed by clinical experiments, is *Naphthalin*. This drug is very volatile in triturations, and consequently becomes inefficacious. This can be perceived by laymen by the organ of smell. Therefore, I give to the emphysematous patient fifteen grammes of the second decimal trituration, with orders that before it is half used to return for an equal quantity. As much as will lie on the point of a knife, two or three times a day, but not oftener than every two hours is sufficient. The violent asthmatic attacks are ameliorated immediately and soon disappear entirely. Of course the administration should be interrupted occasionally, for eight days, but as soon as the improvement ceases, or a return occurs, the *Naph.* must be taken as before. The *Naph.* and emphysema serve to carry out Gruzewsky's experiments.

Miscellaneous.

The Last Departure of Homœopathy in the Physiological Livery. A Rejoinder. By Dr. Ad. Lippe, Philadelphia.

A paper on this subject was published in the Cincinnati **MEDICAL ADVANCE**, May, 1876, page 40. Prof. E. A. Farrington.

ton, M. D., has condescended to reply to it in the American Journal of Materia Medica, etc., May, 1876, page 342.

We now shall show that all our charges are sustained by the testimony voluntarily offered by Prof. F., and shall be very happy if we should be able to convince him fully of his growing errors and of his unfortunate erroneous teachings of what is (by his own testimony) equal to Schuesslerism.*

We have not received a satisfactory answer to our questions. "How did they proceed to find out how *Lachesis* and *Apis* changed the blood, and what these changes were?" It would have been well if the professor had on all occasions, when he quotes observations or opinions of other persons, had also referred to the work and the page on which he found his assertions. Of the blood changes under *Apis* he says nothing—of the blood changes under *Lachesis* very little. There are under *Lachesis*, menstruation too scanty (blood black;) small wounds bleed a good deal (similar to *Phosphor*.) and ulcers bleed readily. As to *Lachesis* we will explain Dr. Guernsey's symptom of *Lachesis*: "Causes hæmorrhages, settling like charred straw." The clinical experiment has demonstrated in many cases that *Lachesis* will cure the frequently (after scarlet fever) appearing urine with a sediment, a small blackish sediment, consisting of decomposed blood. There occurred a case of puerperal fever with light yellow, very offensive diarrhœa, and in these fluid, thin stools, floated just the same small blackish spots as had been observed in the urine after scarlet fever. Puerperal fever and peritonitis have an analogy with scarlet fever. If Dr. Guernsey and myself, who were in waiting on this grave case, had depended solely and simply on a memorized materia medica, or on repertories or on materia medica as we find it, our patient would have perished, because that symptom does not occur, is not to be found in our materia medica, but finding

* We wish to have it distinctly understood that we have nothing to do "personally" with the person who utters opinions contrary to the fully established principles of our schools. We have, do now, and forever shall endeavor to protect the true interests of our school, combat freely what appears to be "error" or false teachings in our school and literature.

delight in the exercise of God-given reason, we did not brake our heads on the why of this strange symptom, but resorted, not for the first time nor for the last time, to "analogy." If this decomposed blood (we reasoned) can in a similar disease be expelled through the kidneys, why not as well through the alimentary channel? And now, not guided altogether and solely by this hypothesis, we studied the pathogenesis of *Lachesis* and found that this remedy corresponded to the totality of the symptoms of this case—old heart symptoms included—and the *Lachesis* cured this very serious case.* We did not ask how these changes (only perceptible and useful to us as they manifest themselves to our senses) were made, but how they were ascertained, and what they were.

The professor asks, "what changes does *Lachesis* make in the blood?" A teacher who asks this question is supposed, nay, he is bound to know its answer. That there exist changes in the blood in gangrene erysipelas or the impending typhoid state, as Prof. F. has it, we all know, but what these changes are we know not. Prof. F. says he does not know how they are made, but does he know their nature? He does acknowledge that the secret working of vital force are under infinite surveillance, but still he persists in saying, "their effects, which appear normally in conscious sensation and motion, and abnormally in symptoms, are determinable." So far all right; but now comes the error, when he continues and says: "Whether these symptoms are subjective or objective, they express a change in function or nutrition, and bespeak the tissue or tissues involved." And here the professor plunges into Schuesslerism. What is Schuesslerism? Why, we have tried faithfully to show it by Schuessler's own illustrations. Schuesslerism first finds the subjective and objective symptoms, he speculates on the changes in function or nutrition of a given tissue or tissues. Schuesslerism finds that in an imaginary case of diphtheria, the salt has parted from some brain cells and thereby let the waters it held before under control,

*We relate this case for the benefit of the graduates of the Hahnemann Medical College of Philadelphia, who have attended the lectures at said institution.

to roam about at pleasure, and therefore, that this imaginary change in function and nutrition may be changed; that the salt may again gain control over the roaming water, he administers one of his "tissue remedies," and this is exactly the aim of Dr. F. Can we under such teachings proceed according to the well tried rules of the Organon? Prof. F. says we must. Can we serve two masters? Can truth and error co-exist together? We guess not. Prof. F. tries his hand at making truth and error co-exist together, just as does Schuessler, who tries to cure physiological conditions with potentized drugs. Prof. F. tells us, Gross in his *Comp. Mat. Med.*, gives us symptoms of *Apis*, "suppurations do not occur." Why? Virchow tells us that the production of pus demands an inflammation of the parenchyma. *Apis* only attacks surfaces, hence it seldom forms pus. Prof. F. tries to put the physiological livery on our school of medicine. Now if both his above propositions were correct he would be "all right." The first proposition is not sustained by the clinical experiment nor by the provings. If Gross says suppurations do not occur under *Apis* he is in error. Although Gross was a good observer, he knew but little of *Apis*. Who among us has not had occasion to prescribe *Apis* in abscesses of various kinds, especially in those of the mammæ where an abundance of pus was present and also the characteristic symptoms of *Apis*, "burning, stinging pain," and the abscess broke quickly? And we well remember a striking case. A well known gentleman entered my office in great distress, holding out his much swollen right thumb, and asked, "What is this?" Why, sir, a true felon! Can you relieve me? How does it feel? It pulsates, and burns, and stings. Of course we can. He then remarked, "I have seen three of our eminent surgeons, they tell me as you do, it is a true felon and the bone must be laid open to let out the pus, to prevent further destructive processes." We gave him one dose of *Apis* 100,000 (Fincke.) He did not call again, but a fortnight afterwards informed us that he had slept all night which he had not done for three nights; that he only applied some raw cotton as ordered, and was well in two days. Feeling quite elated at the result he

again showed the thumb to the celebrated surgeons, who all declared that their diagnosis must have been erroneous. Nevertheless they would, "in error," have laid open the bone! *Apis* attacks surfaces! So teaches Prof. F. Is ovarian dropsy a disease of "a surface?" Has not *Apis* cured it? Does a homœopathician who practices according to the well tried rules of the Organon, go to Virchow for information on which he bases his therapeutics? If he does, he will fall just into the same errors in which we find floundered our brethren who sport the physiological livery.

If we want to utilize progressive science, and we do see no earthly reason why we should not, then we must do it "logically" and consistently. Two wrongs never make a right. Truth and error can never co-exist together, as Dr. Schussler has illustrated to everybody's satisfaction. Any supposed progress in Homœopathy not in harmony with the well tried rules of the Organon will forever be a progress backwards. The physiological livery will lead to further unfortunate departures. Our only safety is a perfect understanding of Hahnemann's teachings, when we except them, when our daily experience convinces us that we are only safe, only successful if we follow his teachings, enlarge on them, develop Homœopathy in accordance with his teachings, we will escape all allurements which the glistening new livery may have to those who think they know better than did the master, who desire to modify, alter and pervert his teachings and well tried rules.

The Fraternity of the Professions and Arts. By C. C. Bonney, Esq. Delivered before the Chicago Homœopathic College.

The opening of a new institution of learning is a just occasion for festivity and congratulation. More especially is

this the case, when the use to which the learning is to be applied, is the relief of human suffering and the promotion of the health and strength indispensable to happiness and success. The brotherhood of man exhibits one of its noblest aspects in that fraternity of letters whose votaries crown all the ages with the glory of their achievements, and whose members recognize each other in all lands by the mystic charm of culture—the fragrant bond of a common sympathy and aspiration.

The eye which has learned the language of the constellations and the rocks, shines with a finer light than that of “the rude swain” who knows neither the mysteries of the starry deep, nor the wonders of the bounteous earth,

The voice which has talked with the woods and the winds, till the soul of its owner knows the laws that govern them, has a more winning cadence than softens the speech of the huntsman or the pioneer. The hand that has done faithful work in any domain of art, has a touch differing from that of the unlettered toiler for his daily bread. Perhaps the highest characteristic of great attainments, is that exquisite humility which tempers and restrains the almost exultant joy of intellectual possession, with the almost solemn sense of the boundless realm of knowledge that lies beyond. And perhaps the most absurd exhibition of the arrogant pig of self-conceit in the parlor of the human mind, is seen when visiting those who, having explored some small island in the sea of knowledge, assume that the vast continents, whose shores are visible, could add nothing to their store of learning.

All genuine learning is cosmopolitan. It is the brother of all learning elsewhere. It cares nothing for sects or schools or parties—for ologies, ics, or isms. It loves the whole truth without suppression or perversion and showers its blessings, and bestows its benedictions upon all who serve it with fidelity. All the highways of learning lead to the same Eternal City of Truth, whose coliseum crumbles not with the advancing centuries, but lifts its enduring walls with an ever increasing splendor toward the untroubled sky.

Start in whatever path of knowledge you first may meet, and follow it to its end, and it will lead you in view of sunny heights on which wisdom's temples shine, and wisdom's children find delight. Every department of learning is dependent more or less on all the others. It can not endure alone. Society is indispensable to its continued and prosperous existence. Hence, when we come to establish a new medical college, an architecture for the building, mechanics for the necessary implements, chemistry for the required medicines, printing for the library, the civil law for the incorporation of the institution, and the protection of its legal rights, and led by all our researches into the mysteries of the microcosm of the human body, to recognize the hand of an infinite Creator, we invoke the presence of His disciples to add the benign and peaceful sanction of religion, to the enterprize we now inaugurate.

Nor is this all. That nothing may be wanting, we summon the arts of music and painting to complete the scene, and bring the glories of the garden to mingle their odors with the waves of light that fall from the pictures and the waves of melody that echo the sentiments of the heart.

The new institution is called a homœopathic college, but I do not understand that this term is used as a limitation of knowledge, but rather as a general indication of a cardinal principle. The age demands that in every calling those who follow it shall be conversant with the whole range of practical knowledge relating to it.

The man who bounds his attainments by the limits of any special school, walks in fetters, and needs some strong hand to set him free.

Most of the great inventions and discoveries that have marked the progress of civilization, have been born of humble parents, and have had a hard fight to overcome the opposition of the former order of things. Thus it becomes us to judge all things by their merits, and to withhold judgment till after investigation, taking care that we do not on the one hand embrace and propagate error because it comes to us in the name of great

authority; nor on the other, reject as worthless the precious stone of a new truth, because turned to light by the ploughshare of some unknown rustic, and brought to the lapidary by the hand of a child.

I understand that the spirit in which this institution has been founded, and in which it is to be conducted, is in harmony with these remarks, and that in uttering them I express the sentiments of the faculty and board of counsellors, as well as my own. Here, large knowledge of the medical art will be taught, and the methods of liberal culture prevail. A practical success in defiance of a theory, will be esteemed far more highly than a failure in strict pursuance of a theory. It will not be assumed that the utmost limits of progress have been reached, but there will be a perpetual effort to advance to a higher perfection in medical and surgical skill. The human body is the world which is the work of this institution to explore and master. Its structure is to be analysed, its laws learned, its operations observed, its diseases cured, and its health restored. In this wonderful temple of the human soul, the creation of the universe fitly culminates in wisdom, strength and beauty more marvelous than words can picture. Neither the starry heavens above our heads, nor the blossoming fields beneath our feet present so many objects to excite our astonishment and admiration.

He who would master its mysteries for the sake of the good he may do to his fellow men, will pursue his studies in an humble and reverential spirit, for arrogance dulls the senses and contempt dulls the sight.

His professional zeal and ambition will make him insensible to what others would deem the intolerable accompaniments of his calling, and he will go to the sick room as eagerly as others might go to a banquet, and when pain subsides, disease disappears, and health returns under his skillful ministrations, he will feel proud and grateful that every step by which he advances to fame and fortune is attended by the blessings of those whom his art has served. Wheresoever his path may lead, he will meet with welcome from the fraternity of the arts and professions, for his works will go before him, and speak his praise.

Let the graduates who shall go forth from this institution, conform to this high standard of professional excellence. Let them be exact in their knowledge; thorough in their investigations; faithful in their practice; generous to their fellows; true to the trusts reposed in them; liberal in their studies, and just in all their dealings. Let the Chicago Homœopathic College be so enlightened in its policy, so thorough and exacting in its course of instruction, so animated and controlled by the best sentiments of the cultivated heart, so distinguished by its works of benevolence and charity, that the community will justly rejoice that it has been established, and glad to furnish the support indispensable to its permanent success.

And God speed the day when the fraternity of the arts and professions shall exhibit to our admiring eyes, that hitherto unseen manifestation of the heavenly spirit of concord, a fraternity of the schools of medicine.

A Case For Counsel.

August 23d, was called to see Emma W. aet. four months, suffering from a slight attack of coryza, for which I gave *Nux vom.* 30. On the 24th, about ten a. m., the child was reported well, about eleven p. m. was summoned again to see it, by the father, stating that it was very bad and that he was afraid spasms would be the result.

Found the child crying and screaming incessantly. Examined well, and there being no cause apparent but the universal one (colic,) *Chamamilla* 3d. every half-hour was given, and in conjunction with it a tepid bath. I remained a few hours to see the effect of this treatment.

Child continues to cry at the top of its voice. *Bell.* was substituted for *Oham.* without any benefit. The mother informed me the next morning that it had cried all night, until about six o'clock a. m., it became quiet for about an hour, when it began again to scream incessantly for a few hours without intermission. The mother would carry it about in the room, notwithstanding it would cry and jump with such force that it was almost impossible for her to keep it in her arms. Thus the child continued for three days, when it gradually began to cry less forcibly and frequent. It was neither noticed by the parents nor by me that it never brought its hands to either of its ears, neither did it throw its head from side to side, nor bore it into the pillow. The motion of sucking did not seem to increase the pain, as the child nursed very freely at times, consequently the trouble was not otitis. Symptoms of acute hydrocephalus were about, such as starting in sleep, twitching and jerking of the muscles, vomiting and obstinate constipation, (bowels were rather inclined to diarrhœa of a light greenish character.) Nothing in fact was proof of morbid action except the incessant and formidable screaming and crying. On conclusion I will say that a child of the parents was similarly attacked some years ago, at about the same age, and died of convulsion after suffering about three days.

I have consulted with several physicians about this case, but the diagnosis is not clear in their minds. Will some one furnish some light upon this, at least to me obscure one?—
S. R. GEISER, M. D.

Germes of Pestilence and Death. The Process of Fermentation
—Virulent Infectious Diseases—Fearful Ravages Due to
Atmospheric Dust.

The first of a series of science lectures to be given in Glasgow during the winter months, was delivered in the City Hall recently by Professor Tyndall, the subject being "Fermentation." Professor Tyndall, who was received with applause, said that in a book with which they were all familiar, it was said, "Cast thy bread upon the waters, and thou shalt find it after many day," and in more senses than one that precept was illustrated by his presence that night. First, and in a general sense, he stood indebted to the historians, the poets, and the philosophers of Scotland, and above and beyond all, to that venerable and illustrious man whom he was proud to call his friend—Thomas Carlyle; and second, and in a more especial sense, it so happened that one of the first rootlets of his scientific life derived nutriment from the City of Glasgow. It was by reading the *Practical Mechanics' and Engineers' Magazine*, a periodical published in Glasgow, that he yearned to have such apparatus as Leslie and Davy had, to enable him to make such experiments, and the very apparatus, similar and identical to those he first saw in the pages of that magazine, were those with which he illustrated his lectures in London. It was his intention to speak about fermentation, not in a metaphorical, but in the real sense, and he was perfectly certain that the only thing needed to make the subject interesting was suitable treatment. Our knowledge of fermentation and the ground it covered was augmented greatly of late, and every fresh acquisition confirmed the hope that its final issues would be of incalculable advantage to mankind. One of the most remarkable characteristics of the age was its tendency to connect itself organically with the preceding ages. Our forefathers may have been savages, but they must have been clever and observant ones—[laughter]—having fully explained the process of fermentation. In Pasteur's researches the

bacterium remained a bacterium, the vibrio a vibrio, the penicillium a penicillium, and the tortula a tortula. Sow any of these in a state of purity in an appropriate liquid and you get it, and it alone, in the subsequent crop. In like manner sow small-pox in the human body, your crop is small-pox; sow scarlatina, and your crop is scarlatina; typhoid virus, and your crop is typhoid; cholera, and your crop is cholera. The disease bears as constant a relation to its contagium as the microscopic organisms enumerated do to their germs, or as a thistle does to its seed. No wonder, then, with analogies so obvious and so striking, that the conviction was spreading and growing daily in strength, that reproductive and parasitic life is at the root of epidemic disease. The living ferments finding lodgment in the body, increase there and multiply directly, ruining the tissue on which they subsist, or destroying life indirectly by the generation of poisonous compounds within the body. This conclusion, which came to us with a presumption almost amounting to demonstration, was clinched by the fact that virulent infectious diseases had been discovered with which living organisms were as closely and as indissolubly associated as the growth of tortula is with fermentation of beer; and here, if they would permit him, he would utter a word of warning to well-meaning people. They had now reached a phase of this question when it was of the very last importance that light should once for all be thrown upon the manner in which contagious and infectious diseases took root and spread. To this end the action of various ferments upon the organs and tissues of the living body must be studied; the habits of each special organism concerned in the production of each specific disease must be determined, and the mode by which its germs were spread abroad as sources of further infection. It was only by such rigidly accurate inquiries that we could obtain final and complete mastery over these destroyers. Hence, while abhorring cruelty of all kinds, while shrinking sympathetically from all animal suffering—suffering which his own pursuits never called upon him to inflict—an unbiased survey of the field of research now opening before the

physiologist caused him to conclude that no greater calamity could befall the human race than the stoppage of experimental inquiry in this direction. A lady, whose philanthropy has rendered her illustrious, said to him, some time ago, that science was becoming immoral; that the researches of the past, unlike those of the present, were carried on without cruelty. He replied to her that the science of Kepler and Newton, to which she referred, dealt with the law and phenomena of inorganic matter, but that one great advance made by modern science was in the direction of biology or the science of life, and that in this new direction scientific inquiry, though at the outset pursued at a cost of some temporary suffering, would in the end prove it a thousand times more beneficent than it had ever hitherto been. He said this because he saw that the researches which the lady deprecated were leading us to such knowledge of epidemic disease as would enable us finally to sweep these scourges of the human race from the face of the earth. The very first step toward the extirpation of these contagia was the knowledge of their nature. The question, then, which he wished to submit to their judgment was this: Was the knowledge which revealed the nature and which assures the extirpation of a disorder not well worth the price paid for it? It was exceedingly important that assemblies like the present should see clearly the issues at stake on such questions as this, and that the properly informed common sense of the community should temper, if not restrain, the rashness of those who, meaning to be tender, would virtually enact the most hideous cruelty by the imposition of short-sighted restrictions upon physiological investigation. It was a modern instance of zeal for God, but not according to knowledge. The excesses which zeal committed, public opinion must correct. There were other reflections connected with this subject which, even were he to pass them over without remark, would sooner or later occur to every thoughtful mind in that assembly. He had spoken of the floating dust of the air and the means of rendering it visible, and of the perfect immunity from putrefac-

tion which accompanied the contact of germless matter and moteless air. Consider the woes which these wafted particles during historic and prehistoric ages have inflicted on mankind; consider the loss of life in hospitals from putrefying wounds; consider the loss in places where there are plenty of wounds but no hospitals, and in the ages before hospitals were anywhere founded; consider the slaughter which has hitherto followed that of the battle field, often producing a mortality far greater than that of the battle itself; add to this the other conception that in times of epidemic disease the self-same floating matter has frequently, if not always, mingled with it special germs which produce the epidemic, being thus enabled to sow pestilence and death over nations and continents—consider all this, and you will come with me to the conclusion that all the havoc of war ten times multiplied would be evanescent if compared with the ravages due to atmospheric dust. This preventable destruction is going on to-day, and it has been permitted to go on for ages without a whisper of information regarding its cause to the suffering sentient world. We have been scourged by invisible thongs, attacked from impenetrable ambuscades, and it is only to-day that the light of science is being let in upon the murderous dominion of our foes. Men of Glasgow, facts like these excite in me the thought that the rule and governance of this universe are different from what we in our youth supposed them to be—that the inscrutable Power, at once terrible and beneficent, in whom we live and move and have our being and our end, is to be propitiated by means different from those usually resorted to. The first requisite toward such proposition is knowledge; the second is action, shaped and illuminated by that knowledge. Of the knowledge we already see the dawn, which will open out by and by to perfect day, while the action which is to follow has its unfailing source and stimulus in the moral and emotional nature of man in his desire for personal well-being, in his sense of duty, in his compassionate sympathy with the suffering of his fellow men. From the vantage ground already won, I look forward with confi

dent hope to the triumph of medical art over scenes of misery like that here described. The cause of the calamity being once clearly revealed, not only to the physicians but to the public, whose intelligent co-operation is absolutely essential to success, the final victory of humanity is only a question of time. We have already a foretaste of that victory in the triumph of surgery as practiced at your doors.

About Clinical Reports and Theories. By Lewis Barnes, M. D.

I have seen urgent calls of late, for clinical reports. Our medical journals appear to have simultaneously awakened to their importance, supposed or otherwise, and all physicians are entreated to note their cases, and forward results. It is said that theories are of little account, having no sufficient foundation in facts; that a theory, indeed, is or should be nothing more than the substance of many aggregated facts. Our law of similars, for instance, being a mere summary of many observations; that since the end of all medical science is the cure and prevention of disease, our great business really is to look carefully and see what will do this. It is argued that we know very little about it, that we are infinitely far from the end sought, because of our comparative dearth in the field of clinical observation. We do not know what special forms of disease are curable by particular drug agencies, at least we know almost nothing of this, because we have not looked carefully and continuously enough to see. We theorize and dispute about theories, while we give little attention to practical facts, which would be far more important. Our best physicians, who, in their daily practice, do pay some attention to the facts, make no record of their experience, and the world is none the wiser for all they may have learned.

To these complaints, which are in many respects just, we may nevertheless make some observations:

1. The character of most clinical reports, as published in our journals, is quite unsatisfactory, if not repellant. They seem to defeat the very end that should be kept in view. The writer usually begins by saying that a certain case came into his wonderful hands after various eminent physicians had proved inadequate to its cure. He sometimes condescends to admit that he administered certain drugs, or potencies of drugs, with no good result; that is to say, that he was not quite supremely wise. But at last he gave the remedy which, like a divine charm, wrought an almost miraculous cure. And how did he recognize the drug which was so wonderfully adapted to the case? Did he, according to the Hahnemannian method, carefully note all the symptoms of the disease and cover them with characteristic symptoms of the drug, and tell us how one group corresponded with the other? Nothing of the kind. He found a symptom some where about his patient, on or in a particular (right or left) side, or some special fancy of his patient's mind—which to most of us would appear comparatively unimportant—and then found or remembered that some person had spoken of this in connection with a certain drug, and lo! the miracle came forth upon the key note idea. How he knows that the cure was wrought from the coincidence of these two symptoms, instead of others, he does not see fit to tell us. How he knows that it came from this drug, instead of others the patient may have taken, he fails also to relate.

After reading a few dozen of such clinical reports, a thinking man is likely to become sick of the whole matter. He does not feel like calling for any more. He thinks a mass of them—masses upon masses, indeed—would be useless lumber, which is worse than nothing.

2. A reason why really observing men, some of them at least, do not report their cases, may be found in the fact that they do not care to meet the disagreeable effects which are likely to follow. Such men are constantly running across beaten tracks, and disturbing pet theories—in regard to

dose, attenuation, or association, of remedies. Their benevolence disposes them to avoid seeing the distress of respectable old fossils of medical lore. Their love of quiet induces them to avoid stirring up the wrath and bringing out the furious fulminations of men who have already learned or who spontaneously know every thing, and whose weapons are the glib charges of allopathic tendencies, or mixings-up on the part of those who dare to look for simple facts. It may be said that independent thinkers and investigators ought to produce their work, and fight for it on the line chosen. All men, however, are not warriors, and those who are do not always feel inclined to engage in battle.

The amount of intolerance in our school of practice, as well as in the old, is quite intolerable. We are practically forbidden, by many of our prominent men, to have any thing more to do with theories than to abide by the one they have adopted, search for such facts as support it, and reject whatever seems to go against it—upon the idea that nothing of an antagonistic tendency can be true. The fact that no one can explain or understand the theory is no reason why we should presume to question it, or to say that some other theory or law may also be true.

We not only have a mysterious theory of cure which is too holy for reinvestigation, but we have a theory of disease which is about equally sacred, to wit: "The totality of the symptoms alone constitutes the disease." No one believes this, and yet, all must adopt it. The very meaning of the term symptom, is a sign or token; that which indicates the existence of something else. It is said that we must take this definition of disease, in our practice, because, although false on its very face, we do not know what that "something else" is. This mandate is made stronger by the round assertion that we never can know. It thus appears that we must go by what we know to be a false law because we can not find the true one, or because we have not yet found it and think we can not.

It is thought that, whether the symptoms constitute the disease or not, they are the one all sufficient guide to it and

to the proper remedy. But this may not be true. There may be diseases so insidious and concealed in their operation, that no objective signs are manifest to treat, until the deadly work is beyond remedy. But if we could know *what* the disease is, we might be able to meet it. And who knows that such things will not hereafter be known? No man should say that a thing is unknowable, merely because he, and perhaps the mental hero he worships, have come short of it.

One of our most scientific and radical men, who believes also, most firmly in "advance," has said with much assurance: "There is nothing in common between drug and disease, unless it be in symptoms." But how does he know there is not? Symptoms are effects. And if there is something in common among effects, why should there not be among their causes? But suppose, furthermore, that there is nothing in common, either between the effects or the causes. What then? Does cure depend upon something in common between disease and drug? Hahnemann's explanation pre-supposes antagonism, the drug overpowering the disease and turning it out.

My chief object in making the above remarks is to show that we need more real, unfettered investigation, not only of facts, but of theories, and their proper connection with each other. We should not be tied to any stake that any man has driven, and pronounced immovable henceforth and forever. We are in the beginning of this great age of progress, and nothing is more unwise than to think we have reached the end of our art, even at any point. But we need, at the same time, more encouragement from mutual toleration.

BURNS AND SCALDS.—Common whiting of commerce (found in nearly every kitchen) reduced by cold water to the consistence of thick cream, is to be spread on a light linen rag, and the whole burnt surface instantly covered, and thus excluded from the action of the air. The ease it affords is instantaneous, and it only requires to be kept moist by subsequent occasional sprinklings of cold water.

Noodles.

MR. EDITOR:—When I was a small boy, my mother used to give us, on occasions, for dinner, a dish known among the old Pennsylvania Dutch as noodle soup. On being questioned one day why it was so called, she replied, "because it slips down so easy." On reading the report of the discussion that followed the reading of your paper, which was read before the Cincinnati Homœopathic Medical Society, and published in the October number of the *MEDICAL ADVANCE*, I was reminded of my mother's answer, and was led to observe how easy it was for some things to slip down some people's throats, and be passed off for science, even homœopathic scientific medicine.

One physician cured a cough of four weeks standing; he gave no indication for the drug (*Kali hyd.*) except that the cough came on at night. He does not give us another single symptom of the cough—only the fact that a cough that come on at night, was cured by the 30th of *Kali hyd.* He had treated the case four weeks blindly, and accidentally staggered upon this drug; the result he claims was a cure. Had this physician recognized the true pathological condition, there would have been no necessity for this floundering about four weeks before securing the appropriate drug. The same speaker referred to a case of post partem tympanitis, which had a symptom pointing to *Arnica*, but he gave it not, and the patient died. Does the doctor charge himself with the death of this patient as having occurred either through his ignorance or neglect? In either case the reflection is by no means pleasant. The physician should always remember that he occupies the position of the Irishman at Donnybrook Fair, wherever he sees a head, hit it.

The same speaker reported a case of renal calculi (not "colic") and remarked that Small says give *Arnica* 30th, and he gave it, though he "could not see the relation;" the patient got well immediately. How is this for science. It smacks largely of empiricism (quackery). Two of these cases got

well after the worst kind of blundering, the other died, perhaps from the same cause. The last got relief very soon, as all such cases do, even without drugs. But if the recovery took place under the influence of the drugs, the first was a case of guess work, and the last quackery, given on the recommendation of another, and contrary to his own judgment, and he furnishes no evidence of the presence of calculi. The doctor should sing low.

Another physician reported a case of wandering gout cured by smelling water in a small vial, in which a few pellets of *Pulsatilla* 30 had been dissolved, the cure almost instantaneous. The cure of an inflammatory disease like gout in a few minutes, by a few whiffs of *Pulsatilla* water, is such an extraordinary feat that it ought to be verified in numerous instances before being placed before the profession in an authentic form.

But the most extraordinary case of all was that cured by the 30th of *Causticum*; chronic constipation of ten or twelve years standing, permanently cured in less than five minutes, and by a single dose. According to the admission of the speaker, the stool was long and thin, a condition never present in constipation. It is really amusing, if not offensive, to see with what noodle-like facility these guessings and blunderings are injected and presented to the profession through a journal devoted to scientific medicine.

It is not to be wondered at that men of science and rational thought reject most of the homœopathic philosophy on account of the irrational and preposterous pretensions of many of its adherents and even representative men. MED.

CHLORIDE of calcium is such a deliquescent salt that it attracts enough moisture to prevent glue from cracking. Glue thus prepared will adhere to glass, metal, etc., and can be used for putting on labels without danger of their dropping off.

Book Notices.

Chemistry, General, Medical, and Pharmaceutical; including the Chemistry of the U. S. Pharmacopœia. A Manual of the General Principles of the Science, and their Application to Medicine and Pharmacy. Seventh edition, revised from the Sixth English Edition by John Attfield, Ph. D. In one handsome royal 12mo. volume of 668 pages, with 87 illustrations; cloth, \$2.75; leather, \$3.25.

In all that goes to make up a standard text book on chemistry, Attfield's work has long held the leading position. The rapid advances being made and the necessary changes incident to a growing science like this makes it imperative upon authors and publishers of such works, to exercise constant vigilance in keeping abreast the times. "Within nine years a demand has arisen for seven large editions of this manual." This is a striking proof of the fact that not only is chemistry undergoing numerous and rapid changes, but also that Dr. Attfield's work has all that time very fully and perfectly represented it. It is certainly a pleasure of the highest order to the enquiring student to find a book that gives such a perfect and comparatively easy introduction into the occult mysteries of this science. Whatever may be said of other departments of knowledge, it is quite clear that chemistry, as presented by this author, may be presented with great simplicity and clearness. Not but what chemistry is a very complex and profound study, taking into view all its various ramifications and applications, but in Dr. Attfield's work the progressive steps are so regular and natural, that the student ere he is aware finds himself possessed of a large share of the knowledge he so greatly covets. The beautiful and numerous illustrations with which this work abounds are not among the least of the many valuable features it contains. For sale by Robert Clarke & Co.

Therapeutics of Diphtheritis. A compilation and critical review of the German and American Literature. By F. Gust. Ehme, M. D. Boericke and Tafel.

This little brochure is a reprint from the North American Journal of Homœopathy. In all it is but a matter of sixty-eight pages, but

contains a large amount of the latest and most valuable information on the subject of the treatment of diphtheria. And therein lies its usefulness as it goes at once into a practical discussion of its treatment, leaving out all theories as to pathology, for the author rightly assumes that the general practitioner is already well posted as to the nature of the disease. It is the best monograph we have yet seen on diphtheria.

The Theory and Practice of Medicine. By Fredrick T. Roberts, M. D., B. Sc., etc. Second American, from the last London Edition. Lindsay and Blakiston, Philadelphia, 1876.

The special excellence of Dr. Roberts' work has received its highest endorsement at the hands of the profession, by a rapid exhaustion of the first edition. The present edition has been carefully revised, rewritten and brought up to the existing state of knowledge. A very desirable chapter has been added, on the Diagnosis of Acute Specific Diseases. The whole work has been conscientiously, and with great care, made to represent the best features of old school practice. It is written in a plain, pleasant style, and while it is not tediously exhaustive, it does not lack in clearness. We do not know of a better work on allopathic practice. Price \$5.00. For sale by Robert Clarke & Co.

Physician's Combined Call and Tablet Book, Published by Ralph Walsh, M. D., 227 Four and a Half street, Washington, D. C., to whom orders may be sent. Price \$1.50. It is a book most admirably arranged, and will prove very satisfactory to the user.

Editor's Table

CONCERNING "Dead Doctors" we have been flooded with innumerable communications. Being dead a large number are yet speaking. We subjoin a few reports that have reached us from "the other world."

"I am not dead but slowly dying. You will be duly notified of my demise and will be expected to preach the funeral sermon *at your own expense*. Get in as much *Sac. lac.* as you conscientiously can. We don't have any peculiar cases in this region. The *one millionth* potency does no good, but the *one million, two hundred and thirty-seven thousand, five hundred and tenth* potency knocks things end wise. There is where those western men make such mistakes. You see they don't know how to *individualize*."

"Yes, I am dead but not buried, but I assure you I am a lively corpse, as you will see by the enclosed."

"I have been dead and buried now for several years, as your account against me clearly shows. I will, however, materialize sufficiently to liquidate my indebtedness. Enclosed find, etc."

"I have read with pleasure your article on 'Dead Doctors,' and now while your hand is in I would like you write up another class. I mean the dashed fools that flood our journals with trash that don't amount to a confederate scrip."

POISONOUS COOKING UTENSILS.—The Popular Science Monthly, for December, says the danger attending the use of porcelain lined cooking vessels was pointed out at a meeting of the British Society of Public Analysts, by Mr. Robert R. Tatlock. He stated that the milk white porcelain enamel with which cast iron cooking vessels are now so commonly coated is in the highest degree objectionable, on account of the easy action on it of acid fruits, common salt, and other substances, by means of which lead and even *Arsenic* are dissolved out in large quantity during the process of cooking. It was shown that it is not so much on account of the presence of large proportions of lead and *Arsenic* that these enamels are dangerous, but because they are so highly basic in their character, and are so readily acted on by feebly acid solutions. He thought that no enamel should be admitted to use unless it was totally unaffected by boiling with a one per cent. solution of *Citric acid*, which was a very moderate test. Further, he gave it as his opinion that either the use

of such poisonous ingredients as lead and *Arsenic* in large quantity should be entirely discontinued, or that the composition otherwise should be of such a character as to insure that none of the poisonous substances could be dissolved out under ordinary circumstances.

WORMS DIAGNOSTICATED.—I can readily endorse Dr. Ockford's diagnosis of Dr. Mullen's case, (see *MEDICAL ADVANCE*, August, 1876) as I had a very similar one to Dr. M's. in Franklin, Pa. I reported the case at one of the meetings of our society there and all agreed it was *Hysteria*.

After we left there the case passed into Dr. Borland's hands, and after treating it for some time for *Epilepsy*, without avail, he changed his treatment to *Worms* and she passed over sixty large ones; since which time she improved very much, and the last I heard from her she had had no "spells" for a year.

Cherokee, Iowa.

S. J. H.

PROF. H. C. ALLEN, General Agent of the Homœopathic Mutual Life Insurance Co., recently made us a visit, and gave to the class of the Pulte Medical College a very interesting and valuable lecture on the mode of making examinations in life insurance. The lecture should be repeated to the students in all our colleges.

AN ADVANCED student wishing to give special attention to eye and ear diseases, and presenting acceptable credentials, can find a desirable position as interne in our college clinic, the latter part of next month (January.) Address the Editor of the *ADVANCE*.

ALWAYS LOOK over our notice of New Books and Books Received. You will find there just what you need. The least you can do in justice to your library is to buy a new book every month. Follow our advice and be both wise and happy.

Medical News.

THE SMALL POX seems to be dying away in San Francisco, but a severe and somewhat fatal diphtheria is coming, and which is extending more or less over the State. There is much throat disease in California now, caused by the late sudden change of weather—and at any rate it seems almost epidemical. Many here, says the Sacramento Bee, have been expecting that when the wet, cool weather came the small pox would spread from San Francisco into the interior, but so far there are no indications thereof—and the mild weather now prevailing in San Francisco may help the authorities to stamp out the distemper before the real wet weather sets in, and thus save the interior from the scourge.

THE North Western Analyst is a new quarterly, published at Dubuque, Iowa, and edited by that peculiarly live man, Edward A. Guilbert, A. M., M. D. It is devoted to the interests of the homœopathic school, and the profession may rely upon it as worth taking, reading and paying for, so long as the present editor is at the helm. One dollar and a half per annum.

SALICYLIC ACID AS AN ANTI-FERMENT.—This substance is found to have the effect of preserving mucilage of gum arabic, and many other substances subject to rapid change, from four to six times as long as they could be kept, under similar circumstances, in the natural state, by the addition of from one thirty-second of a grain to one-eighth of a grain of the acid to each fluid ounce to be preserved.

DR. T. F. ALLEN and St. Clair Smith, have removed to No. 10 East 36 st., New York.

FOR \$3.00 the ADVANCE will be sent sixteen months, from January, 1877, to April, 1878.

IF ANY of our subscribers have unbound sets of Vols. I, II, or III of the ADVANCE, we will take them, post paid, at one dollar each, to be paid in subscription.

RECEIVED.

Therapeutics of Intermittent Fever. By A. Le Roy Fisher, M. D.

Arsenic in Skin Diseases. By L. Duncan Bulkley, M. D. Appleton & Co.

Physician's Visiting List for 1877, published by Leadsay and Blakiston, Philadelphia. For neatness, compactness and perfection this book can not be excelled. A physician who has ever used one will seldom forego the pleasure of having one always in his pocket.

Micro-Photographs in Histology, Vol. I, No. 6. J. H. Coates & Co., publishers, Philadelphia.

Epitome of Skin Diseases. By Tilbury Fox, M. D. Henry C. Lea, Philadelphia, Pa.

Principles of Human Physiology. By Wm. B. Carpenter, M. D., New American, from the eight revised and enlarged English edition. Henry C. Lea, Philadelphia, Pa.

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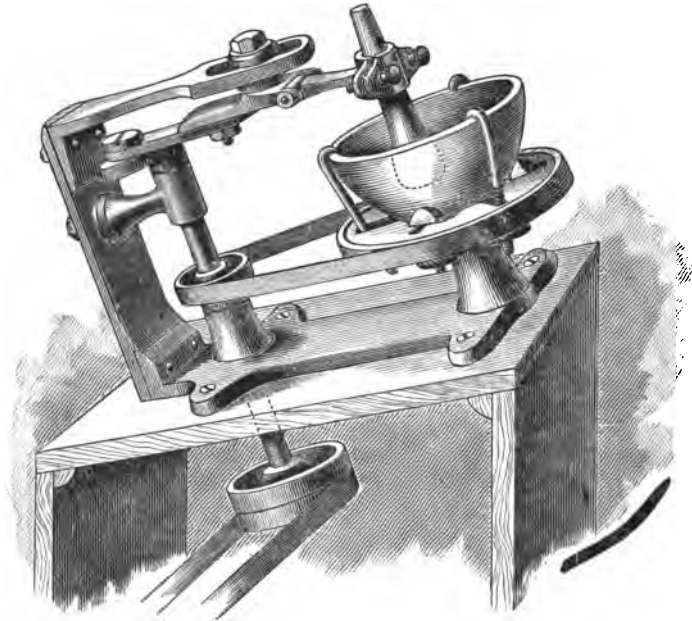
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For further particulars apply to

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CLEVELAND, O.



T. P. WILSON, M. D., GENERAL EDITOR.

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EIGHTEEN HUNDRED AND SEVENTY-SEVEN.—All hail to the new year, the last (up to date) of an illustrious line! And the last is always best because the past is forever gone and the future hangs on the thread of uncertainty. A new year's greeting to all our friends! May their tribe increase is our earnest prayer—and for obvious reasons. We can never have too many readers for our journal. We can never have too many good articles contributed to swell its pages. We will endeavor to reach the limits of possibilities in these two directions the present year. As they say in dancing, "All hands round."

TWO COURSES A YEAR.—The medical profession is inherently conservative. It consents to change only under compulsion. Any theory adopted or plan once pursued is generally clung to with praiseworthy tenacity. Still as changes are certain to occur it is well that we see to it that those changes are for the better. Now regarding medical education as generally dispensed by our colleges, we know very well that it has been under condemnation for the past half century. A general dissatisfaction has been entertained toward it. Yet the moment we propose to modify it we are met by protestations and threats of excommunication. One course of medical lectures in twelve

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months is a custom so long adhered to that it has about it a flavor of apostolic authority. No matter if the course were three months or six months the rule still obtained. Any variation from this rule would naturally be looked upon with suspicion; and for two reasons: First, it constitutes an invasion of customs rendered sacred by use; and secondly, the attempt to establish two courses in one year, has been, hitherto, made in the interest of a few irresponsible institutions and solely for the love of gain. That degrees might be had cheaply and quickly was the undisguised object. But it does not follow that two courses in one year can not be given in the interest of a high standard of scholarship. Indeed it can be shown that such a plan affords to the student greatly improved facilities for a thorough medical education.

The model medical school of the world is the Vienna school and we quote from a recent letter to the Investigator:

"As each year of study comprises two semi-annual courses, a so-styled summer and winter semester, therefore each of these regular and official courses affords time enough for at least two private courses so that a foreign physician may take the chances of such an instruction four times a year, if even not oftener than that, the opportunity is presented. The fee is generally about fifteen florins or seven dollars in currency, which is moderate and the participants number from ten to fifteen; the lecture hours from twenty-five to thirty. It is understood that the least of these lectures is theoretical and the most of it practical at the bedside. Thus the medical school of Vienna has always stood foremost and independent in science, never surpassed by any."

But that is just what we lack in America, paradoxical as it may seem, and that is, independence. Even where our reason and free-will obtain, we are far more jealous of a change in type than is Nature herself in the animal and vegetable kingdoms. But we go no further with this subject at present than to say that the model medical school of America will be the one that sooner or later gives its instructions continuously the year round. Students flock to Vienna because at all times and at any time they may enter upon their course of instruction. And they will flock to the American school that is able to give them continuous clinical teaching. It must not, James like, close even in times of peace, but like the trees of the tropics, bud, blossom and ripen at all times. Why not?

CINCINNATI SCHOOL OF OPHTHALMOLOGY AND OTOLÓGY.—The success of the daily eye and ear clinic in connection with our homœopathic free dispensary warrants the establishment of a school wholly devoted to these departments of medicine. It will be in operation with a full faculty so as to give a course of lectures commencing in February.

The Physiological Livery. By Dr. Ad. Lippe, Philadelphia.

Dr. Richard Hughes has replied in the November number of the *ADVANCE* to my paper in the September number of that journal. Dr. Hughes does not deny that he advocates the new departure in the physiological livery, nor can or dare he put in a denial of it, as we shall show conclusively by his own statements of propositions utterly and diametrically opposed to the homœopathic healing art; but he denies our charge that he has with malice aforethought, as an initiary step, pointed out errors in Hahnemann's *Materia Medica*, in order to create a distrust in Hahnemann. We accept his denial in the same sense as a denial of any accusation must be accepted when the accused pleads—not guilty. It is refreshing to have Dr. Hughes acknowledge that he has at times been in error, and he does so acknowledge it when he says on page three hundred and ten of the *ADVANCE*: "Every now and then I have subsequently discovered that of which I was in search, and have always corrected and explained my error." If Dr. Hughes has subsequently discovered that of which he had been in search, should it not very likely be his good book to be able to correct and explain other points he was in search of, and his errors correct them all? Of what use would such a purified *materia medica pura* be to the school sporting under the name of progressive Homœopathy that physiological livery after which he declares we should all yearn? As a logical necessity, it would be necessary for such a school to alter the whole *materia medica* now used by the true disciples of Hahnemann, strip it of all symptoms not translatable into sick physiology. As Dr. Hughes has not answered the remainder of my paper, let us dismiss the first charge merely as a denial—Dr. H. pleads not guilty—but what was and is his ultimate aim, will become apparent by his own words. We quote from a paper of Dr. Hughes, published in the *United States Medical Investigator*, November, 1876, where we find him say on page four hundred and eight: "Dr. Lippe, as I have said, admits the validity of each

interpretation by using them for prognosis, so that he can not take up Hahnemann's position as against pathology of to-day." Prognosis and therapeutics are two entirely different things! Hahnemann objects and we continue to object to pathology as a basis for therapeutics. Dr. Hughes insists upon it, that pathology must be made the basis of therapeutics, and he very plausibly, but illogically and *unhomœopathically*, says further: "Why, then, should we not carry the same well substantiated principles of interpretation into the phenomena of drug action? If fever, pain in the side, hurried respiration and cough with rusty sputa mean pneumonia in a patient, do they not mean the same thing in a subject of a proving or a poisoning; and am I forbidden to homœopathize by means of the interpretation, while I may do so freely with the phenomena? Are we not, indeed, treading on a surer ground when we oppose to a pneumonia a drug capable of causing pneumonia, than when we chose the remedy on the ground merely of the resemblance of the effects to certain outward symptoms present? The latter comparison may err, the former can not. Dr. Lippe seems to me to be mistaking the means for the end. Our object in seeking symptomatic resemblance, for it is the latter—the disease itself, and not its outward manifestation—which we have to cure." If Dr. Hughes can accomplish what the followers of Hahnemann continually accomplish by following his teachings, accomplish it by the new route which to him appears a shorter route, then of course Homœopathy, which is diametrically opposed to all and every proposition above developed and stated, must be superseded by this new school sporting the physiological livery; and as we never did and never shall join in that departure as long as we call ourselves a homœopathician, it will be incumbent on Dr. Hughes to show the successes they have, superior successes on that shorter route. As a homœopathician we have a few words to say. Dr. Hughes speaks of pneumonia. And suppose we have ascertained that the patient suffers from pneumonia, Dr. Hughes proposes to cure the disease with a drug capable of causing pneumonia. No doubt drugs causing pneumonia will cure

the disease under certain conditions, and these certain conditions are certain outward symptoms present. Dr. H. would exclude all drugs capable only of causing symptoms similar to pneumonia, and would by that exclusion narrow the available means considerably.

I had endeavored to show by an illustration the homœopathic method of curing pneumonia, in a paper published in the *United States Investigator*, August 15th, 1876, page one hundred and eighty-one, and begged Dr. Hughes, or any one of the school he wants to establish, to illustrate their interpretation of the homœopathic healing art, and relate the treatment of an actual case and the cure of it. Nothing of the sort will they grant. The case which I related was an undoubted case of typhoid pneumonia—a very grave disease and considered by the advanced pathologist “incurable.” Will not Dr. Hughes be good enough to show me a better and shorter way to cure such cases than the one I pursued, had to pursue as a homœopathician? And it may interest Dr. Hughes to learn that this lady remains perfectly well; for my own satisfaction I have but a few days ago carefully examined her lungs, and found no traces of any disease. It would be surely a very unwise thing to do, were I to listen for a moment to Dr. H.’s proposition, and in any case of pneumonia, abandon the means and the ways I followed—to cure. If we have to cure a disease as Dr. Hughes says we have to, and he were able to always accurately classify the disease, and if he knew a remedy causing by proving or poisoning, just such a disease will he have success? What does the boasted allopathic pathologist say? In the very latest work, Ziemsen’s *Cyclopædia*, vol. i, page two hundred and one, (American translation,) Prof. Liebermeister says under typhoid: “No light has as yet been thrown on the question of why *Calomel* should shorten the career of one case and not of another.” Why? He treats a disease, and so wishes Dr. Hughes to do. Will *Phosphor.* cure all cases of pneumonia? No more than *Calomel* will shorten the career of all cases of typhoid. The assertion now so often made, that pathology has been raised to a much higher level, and is now built on a

sure foundation has been repeated by Dr. Hughes. In the first volume of the Ziemsen's Cyclopedia, he may find comfort when Prof. Lebert proclaims that "certain parasites are present, and, therefore, are the cause of the so-called relapsing fever." But he says further, "It has been impossible to find the means to kill these parasites." There is "science" for you. According to your theory we will find the true remedy as soon as a prover finds himself beset by the same parasites. And it is impossible to arrive at any other conclusion if we follow the newly proposed short route. It is obviously absurd to base our therapeutics on the advanced pathology of our days, just, and not a bit more absurd as it was in Hahnemann's days. Prof. Lebert tells the tale himself, and the same tale it will be forever. While our learned friend goes backward progressing, abandons the very first teachings of Hahnemann, goes in opposition to the very first paragraph of the Organon of the healing art, we find our erring brethren of the really and truly progressive allopathic school accept the first paragraph of the Organon. One after another of these men of true progress in medical schools and in hospitals teach that in order to be successful in the cure of the sick, we must treat individuals and not diseases. They do not decry physiology and pathology as branches of medical knowledge; they no where say, drop them; no more do they abandon the cultivation and study of these auxiliary branches of medical knowledge, than did Hahnemann or any of his followers. The plausibility of curing pneumonia by administering a drug capable of causing pneumonia, is at once demolished if Dr. Hughes would be good enough to listen to what we took the liberty of telling him about ovarian disease in the paper he has replied to but did not answer. Will any drug ever produce ovaritis or any other ovarian disease? And how came we to cure these various forms of ovarian diseases by *Apis*, *Lachesis*, *Argentum* and *Palladium*? How came we to be able to find the indications for these remedies? And what is Dr. Hughes going to do in the large majority of diseases—for argument's sake even admitting the presence of a so misnamed disease—if such a disease has not been caused

by any known drug? How did Hahnemann and his disciples discover, for instance, that in many cases of pleurisy, *Aconite* was the true homœopathic remedy? Did it cause true pleurisy? No! Can any drug artificially produce a natural disease? No! Hornburg, one of the provers of *Aconite*, was the first physician who, guided by the symptoms, "stitches, especially under the short ribs, extending to the back, short cough and quick breathing," cured a case of true pleurisy with it. Does *Aconite* cure, therefore, pleurisy because, as Dr. Hughes will have it, that the drug must be capable of causing just the same disease? Certainly not! And what Hahnemann said at his time is still true to-day, all the objections and departures of Dr. Hughes to the contrary notwithstanding. After Hahnemann in that preface pointed out some forms of diseases in which *Aconite* would frequently be the curative agent, after pointing out the proper dose, (to which the physiological livery objects,) he says: "In order to remove from our conscientious efforts to cure, the ordinary routine practice which is only too apt to be guided in their actions by too frequently imaginary names of diseases, it is evident that in all diseased conditions for which *Aconite* shall be administered, there must be present under the symptoms of *Aconite*, not only the predominating symptoms of the disorders, and as such also of the acute disease." The symptoms produced on a (one) prover (a lady) by *Apis mel.* viz: a pain in the region of the right ovary, vide Hering's *Amerikanische Arzneipruefungen*, *Apis* symptoms 685—696, enabled the introduction of the last symptoms, confirmatory of the similar symptoms experienced by the prover. *Apis* never caused ovaritis or hypertrophy of the ovaries or ovarian dropsy; but when there are present swelling or burning heat, or soreness or stitches, worse when stooping or when beginning to walk, in the swollen, inflamed or indurated right ovary, *Apis*, when properly administered, will cure these conditions. As Dr. Hughes professes to be in possession of the knowledge of a shorter and easier, and above all, a new route for the cure of the sick, it would be a charity for him to just make us understand how he proposes to cure in

his way, a way diametrically opposed to every and all teachings of Hahnemann. And he could so easily do it, by illustrations, by a few statistical tables showing superior success, say in the treatment of pneumonia. If our learned friend denies us the pleasure to see his superior treatment demonstrated, and shown to be superior in success to Hahnemann's method of healing the sick, if he denies us the proof of his assertions, then and not till then, will we feel ourselves obliged to collect data and facts showing how utterly unsuccessful a practice has been, always will be when, as Dr. Hughes has it, the want-to-be healer first diagnosticates the disease and then seeks for a remedy causing a similar disease, and then administers that drug in appreciable doses. And if Dr. Hughes calls such practice "Homœopathy," we may be allowed to ask him where he finds anything of the sort in all of Hahnemann's writings, and if he can't find it, then it is surely not Homœopathy. May be 'tis better, may be 'tis worse.

Theory and Practice.

An Interesting Case. By O. P. Baer, M. D., Richmond, Ind.

About eighteen months ago a Mrs. W. was confined with her third child under my care. Had a very natural labor, and did well until the sixth day, when she contracted a very severe cold, followed by puerperal fever. I was also taken sick about the same time, consequently she passed into allopathic hands. Her milk and lochia both ceased, and phlegmasia dolens was the result. From this she very slowly recovered, but leaving her with a limping gait for at least one

year. Her leg (right) was greatly swollen, but did not suppurate; but instead thereof, her whole aspect was changed. Instead of the thin, spare, gaunt, creature she had previously been, she became quite fleshy, and rather helpless. Dyspnœa, weakness of limbs and back, were constant attendants whenever she made the least effort to bodily exercise. Although fleshy, she had but little strength. Her flesh was soft, flabby and cool. Her temperament from childhood was always purely nervous. The present change, though not a radical one, is evidently the result of morbid action. If the limb had supplicated and run freely, it is altogether probable that this morbid absorption and assimilation would not have occurred. Absorption and consequent appropriation of morbid material must necessarily deteriorate the normal functions of the entire organism. This was undoubtedly true in her case, as every organ of her system seemed more or less disturbed. In the very midst of this degeneracy she became pregnant, and during the entire time of this gestation, she suffered more or less all sorts of pains and aches, here, there and every where. No part was exempt from suffering. Her appetite, towards the last of her pregnancy, became very great indeed for her, as she was, at best, a very spare eater. About the middle of August last she was attacked with lienteria which lasted her until September first, when she was taken with dysentery, which gave her considerable pain and tenesmus up to midnight of the same day. When rising to relieve herself she said she felt everything within her give way and fall down. A profuse alvine discharge followed, accompanied with a most intolerable agony and bearing down pain. She expected immediate confinement, hence, waking her husband, started him after me, and tried to restrain her bearing down pains until I reached her bedside. On my entrance she said, "Doctor please hurry, I am going to be sick right away." I placed my hand upon her abdomen and found everything sunken, soft and flabby. I thought the waters were discharged and at once desired an examination. But on doing so, I found, to my great surprise, the uterus all right, the os perfectly closed and the cervix in its normal con-

dition; waters intact. Pain, without the least interruption, lasted for four long hours. It seemed to be one incessant, bearing down pain, without any abatement whatever, and at all times equally severe as pains generally are at the exit of the head in cases of primipara. At the end of the four hours of this excruciating suffering, the cervix and os uteri were not dilated in the least. I gave *Belladonna* 30th every half hour, and in four hours the pain left about as suddenly as it came, and the patient dropped into a most comfortable sleep, and slept until six o'clock Saturday morning.

September 2d. I left and she took some breakfast and spent a quiet forenoon, with but little inconvenience of any kind. At one p. m., without any premonitory symptoms whatever, she waked from a pleasant little nap, went directly into a hard clonic spasm. I was at once summoned to her bedside. Prepared some *Bell.* 30th, gave a dose, and then made a vaginal examination, and found labor advancing nicely, as the cervix was perfectly obliterated, and the os was at least two inches in diameter. I took her in hand and in two hours the babe, a healthy looking nine pound boy, was born. The labor was perfectly natural and easy. The placenta followed soon after the birth of the child. I removed some wet cloths and applied a broad, smooth abdominal bandage. This was scarcely done before she went into a terrible spasm, causing rapid jactitation of both extensor and flexor muscles of arms and legs, neck and face; her face was much distorted making beauty horrible; her eyes were rolled upward and backward, exposing little else than the white of the eye, the pupils were distended at least twice their usual diameter; her teeth grated and a white, greenish froth issued from the mouth during the entire spasm; the throat seemed greatly agitated, distended, rattling, with upward and downward motion of the trachea as though she was swallowing, chewing and muttering, with a mouth full of gurgling mucus, all at the same time. The body was not moved from its supine position, but the head was thrown back so far as to rest upon the vertex, presenting a painfully ghastly appearance; the arms were distended and the hands rotated inward

and then backward, with the thumbs tightly pressed upon the compressed palms, while the fingers were perfectly straight and compact together, and so completely stiff that to bend them would have been extremely hazardous; the inferior extremities, like the upper, were thoroughly stiff, distended and turned inward and backward. Color of extremities and face during the spasms were first livid, then bluish, then pale, and finally natural; surface warmth quite natural during the attack, indeed as much so as during the interim. The pulse and cardiac rhythm were irregular, both in quality and quantity, thus, being too quick, (one hundred and twenty,) and then again too slow, (sixty-eight,) at the same time being either full or too lax; sometimes wiry, tense, hard, zigzag and small; then full, soft, bounding, orgasmic, partial intermissions, weak and compressible. When her pulse was low, her breathing was fitful, with occasional sighs and sobs; when high her breathing was asthmatic, hurried and dyspnœal. The whole surface became more or less mottled, and in some places even ecchymosed, particularly under the eyes and the dorsal part of the hands. This spasm occurred at about four p. m. and lasted about two minutes. She came out of it promptly, seemed a little disturbed mentally for a few moments, for she looked vacantly around as though lost and estranged, rubbed her eyes and exclaimed, "Give me a drink. I feel so badly, I ache all over. Doctor what has happened? What ails me?" I enjoined quiet, and after giving her *Lachesis* 2c I left her, hoping she would have no further trouble. But in about an hour she went into another spasm of the same character as the preceding ones. I was again summoned and found her in full spasm. I continued the *Lachesis* for several hours without the least favorable result, as spasm followed spasm every twenty minutes by the watch, lasting just two minutes, but to the causal observer they seemed more than five times that length, as they were so very terrific while they lasted. Her consciousness failed her after the third spasm, and did not return in the least for three days, as she never articulated a single syllable, made a sensible motion, noticed a single object, or showed any recognition of sounds

whatever in all this time. I changed from *Lachesis* to *Hyos* 2c about ten p. m., but seeing no good results in an hour or two, Dr. Howells was sent for in consultation. He came, viewed the case, and after consultation had, we concluded to continue the *Hyos*. 2c a while longer. We remained all night and indeed, the greater part of next day and following night, as the spasms continued unabated until she had eighty by actual count, when they commenced to abate, and in the meantime we dropped the *Hyos*. and gave *Bell*. 2c. The spasms grew gradually lighter and lighter, until the last, the one hundreth spasm, being as it were but the last ebb of life. Her spasms lasted her just about forty-eight hours. The first twelve hours her spasms were similar in every respect, but for the next twelve hours were marked by great restlessness, tossing herself from side to side, but always settling down upon her back as the spasm appeared, and remained quiet after it for about fifteen minutes, when restlessness would again ensue, and be kept up until convulsive rigidity set in, when she instantly resumed the supine position. It has been said by some that to keep the patient upon the left side would break the spasm; it proved unavailing in her case, as we held her upon the left side several times without the least good effect. We also tried rubbing most faithfully, mesmerically and otherwise, by the hour. The third twelve hours, *Stramon*. 2c was given without any very marked effect. *Ignatia* failed also. We now gave *Bell*. 5c and the fits abated as though they had worn themselves out, and left for the want of vital power to antagonize. This constituted the fourth period of twelve hours, during which the spasms waned and entirely disappeared, not to return again, but instead thereof, general prostration ensued, marked by loud guttural gurgling of mucus with each expiration, not unlike death rattles. This gurgling of mucus waxed and waned as often as every five minutes; the entire lung seemed a gurgling mass, having its climax of noise and aggravation in the larynx and trachea; she would gasp for breath and then, after loud rattling of as though strangling must inevitably follow, her chest would again heave and tremble, producing quite a deep

depression at the ensiform cartilages, indicative of abdominal breathing; lungs and heart often suspended their joint action for as much as thirty seconds, sometimes even longer; no perceptible pulse in either temples, fore arms or ankles. Pricking the skin produced no instinctive animal recognition, all seemed utterly hopeless. Now and then a weak tremor would pass over her face, hands and feet, and a faint, tremulous twitch of the muscles in general would occur. This trying condition, so terrible to behold in our fellow creatures, lasted her for at least twelve hours with but little variation. During this state, for the sake of doing something for dying humanity, we prescribed the nearest possible similitum, *Tartar em.* 2c and ten p. m. we left, never expecting to see her again alive. But imagine our joyous surprise the next morning when we were informed by a messenger that she was still alive and apparently better. We hastened thither, found her breathing hurried, feeble, quiet, listless. We both met at her bedside and after studying the case as it presented itself before us, perfectly unconscious, prostrated, pulse one hundred and twenty and scarcely perceptible, with a cadaveric aspect, utterly blank expression, not a motion of fiber, nerve or muscle; the only evidence of life manifest was in the feeble beat of the heart and the slow, responsive action of the lungs, all else was silence from inability. We gave *Carbo veg.* 2c every half hour, with small quantities of beef tea, light cream and water. Under this treatment she rallied slowly, so much so that we thought it prudent to administer an enema of warm water to evacuate the bowels, as they were somewhat distended. This proved highly beneficial as she passed large quantities of undigested grapes, skins and seeds. I also evacuated the bladder and took away about one pint of strong, dark, muddy looking urine, which proved to be heavily laden with albumen. I drew off urine twice per day for three days, and found each discharge loaded with albumen, hæmatine and urea, and although eight weeks have now transpired, she still passes more or less albumen. On the morning of the fourth day of her illness, she showed the first inklings of returning consciousness, by following

with her eyes the various movements of one of the nurses. Her lochia remained normal throughout; no ingress of milk and no special excitement at the usual time of coming. The bowels and bladder were involuntarily evacuated after the fifth day, and continued so until her consciousness returned, which was over two weeks. The re-opening of her intellectual faculties was quite a study as they seemed to grasp this, that and other objects. At first she was like unto a new born infant, bodily and mentally helpless; everything seemed new and strange to her; her likes and dislikes were soon made manifest by her quickly altered facial expression; when her intellect was sufficiently recovered to have ideas, they were imbecile and poorly expressed, as her vocabulary was very limited indeed, for several days, and she often played upon words without giving them their proper meaning. She said very many laughable and sometimes very ridiculous and meaningless things; her command of language was commensurate with the re-opening of her intellectual faculties. She, in her demented condition, was like many persons of riper judgment, she had many hobbies; new ones springing up every few hours and continuing uninterruptedly until sleep produced a change of programme, and on awaking an entirely new performance was inaugurated. Thus, at one time she insisted that she was dead, saying to every one who entered the room, "I am dead, I am dead. Don't you see that I am dead?" And at another time she most earnestly plead for a coffin, saying, "Won't you buy me a coffin? I want a coffin." And again she vociferously demanded to be buried, crying, "Bury me! Bury me! Why won't you bury me? I am rotten, I stink. Here I have been dead four days and can not get a decent burial. Oh, that I had some good friend who would bury me decently." *Stramonium* 2c controlled this state of things, and a more cheerful programme was instituted. Loquacity became alternate with quiet, and things hideous and doleful gave place to more pleasurable ideas and expressions, such as, "Look at those pictures, are they not beautiful? Did you ever see such pictures? What beautiful looking glasses, don't you all admire them? I never saw such

things in all my life, did you? I have a son born to me! I have a son, I have a son. Glory, I have a son born to me. What a darling husband I have got, don't you all admire him? Look at every thing, oh, how nice and sweet everything is! Did you ever, did you ever see everything so very beautiful?" This exstational state of talking was fully controlled by *Lycopodium* 2c. and after this a state of general taciturnity supervened which was marked by her first complaints of aches and pains. She at first could not locate her pains, for when being interrogated as to where her pains were, she would say, "I don't know, don't you?" *Lachesis* was given for fully two days before she located any pains whatever. Under this remedy she regained her consciousness and full control of words. She now complained of great soreness and pain all over her and particularly in her smaller joints where the spasms were most violent. For this we gave her *Arnica*, then *Mercurius viv.* and finally *Bell.* Three weeks elapsed before she could, with any trustworthiness use either limb. *Sulphur* 1m was given, and convalescence followed most rapidly. Onward and upward was her watchword. I never saw a patient so hopelessly ill recover with such steady progress and such rapidity as was made in her case. Under the use of *Sulphur* her right limb swelled very much and it really appeared as though all her sufferings had now at last culminated and centered in her limb. I therefore gave *Hamamelis* 3d and applied the same externally, which soon reduced the swelling, and during the fifth week she spent much of her time out of bed. During the sixth week she took several short buggy rides. At this writing, some ten weeks since her attack, she is able to perform most of her household duties, and I really think in a few more weeks she will be as well as she ever was.

This is another triumph for Homœopathy, and proves most conclusively that uremic convulsions are amenable to our mode of treatment at least, whether to allopathic treatment or not. It also shows how near to the articulo mortis patients may approach and yet rally and recover. This case

fully verifies the oft repeated adage, "While there is life there is hope." Do not despair. Hang to the willows. Relief may come.

The Opium Disease. By L. Barnes, M. D., Delaware, Ohio.

The following statement of a case has been forwarded to me with a request that I will write an article in relation to the subject matter for publication in the *ADVANCE*. The request comes, doubtless, from the fact that some years ago I had quite a large experience in connection with the opium habit, and published some articles on the subject. I have been watching for new developments or new light ever since. Flaming advertisements and circulars have appeared, on some of which I have seen the names of men whose letters of inquiry I once received in relation to the disease and its treatment. The circulars announce infallible secret remedies for painless cure, at a very high price. I have watched for results, as far as possible, and am convinced that humbuggery has ruled the hour. But let the statement above referred to be here given:

"Last Saturday a highly respected and very able minister of the gospel came to me and said he wanted to make me a confidant, and on my assuring him that anything that he wished to communicate to me in a professional way would be kept secret, he made the following statement:

Some six years ago he suffered severely with what his physicians called "passage of renal calculi," for the relief of which he was treated with *Morphia*, both by the stomach and by hypodermic injection, for the pain was intense and a single attack would last from twenty-four to forty-eight hours.

This condition of things followed him for two years when he removed to another charge in a malarial district, when he

was attacked with what his medical adviser called neuralgic sun pain, and his physician being of the same persuasion as the former prescribed large doses of *Quinine* and *Morphia* to relieve him, and so on, every time he mentioned the subject, the universal prescription was *Quinine* and *Morphia* in large doses. He still had these troubles with calculi for a year after he moved into this malarial country and between the two difficulties he saw but little comfort, and often consulted his physician, but as the prescription was always the same, he began to think it useless to go to his physician for advice for he knew just what that advice would be, so he went to the drug store of his own accord and got his allowance of *Quinine* and *Morphia*. Now for three years he has not been troubled with pain in the ureters and been entirely free from it, but he kept up the use of *Quinine* and *Morphine* until it has become a habit with him. He has made several unsuccessful efforts to break off the habit, but it is first he and then the *Morphine* that is the conqueror.

He has been without it now since last Wednesday, and he earnestly pleaded me to watch him and encourage him to keep from the evil. He has a strong mind and I believe we will be able to overcome the evil. He is wonderfully depressed in spirits and the mental faculties are very dull at present; he is full of aches and pains all over the body, but what annoys him most is an entire loss of appetite, a relaxed condition of the bowels and bearing down as though the bowels would force themselves out of the lower part of the abdomen, and a burning heat in the pyloric end of the stomach. I saw him this morning and he has a slight fever, and he thinks that makes him feel a little better, but he says he is afraid to trust himself for fear he will yield to the temptation to go and get *Morphine*. His usual dose now is five grains every other day he tells me."

The habit is evidently a disease in which both mind and body are involved, and by which the patient is rendered almost helpless in regard to controlling or regulating the malady.

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The mind is disabled in its power of will, the patient feels that he can not help himself. He will, for instance, put himself in charge of his physician, and make a bargain to the effect that come what will the drug is to be kept out of his reach, and then when the trial comes, will go down on his knees and beg and pray for it.

The mind suffers in its moral power. It seems impossible for the victim to tell the truth in regard to his habit, how much he is using, etc., however truthful he may be in other matters.

But the leading characteristic of mind, perhaps, is discouragement, hopelessness, utter despair. The victim feels degraded, ashamed, worthless and helpless; he wishes to retire from sight, and often from the world. Probably most *Opium* eaters meditate suicide, and many of them effect it.

But the body is no less diseased. There is where most people, even physicians, appear to make a mistake. They suppose the difficulty to be a mere habit, which the person could break up if the mind could be regulated or cured. But the body itself seems to be mal-affected some where in its minute fibers or cells, or protoplasms, beyond the reach of even microscopic observation. We may know this by the symptoms. A very intelligent *Opium* eater told me, while trying to endure the process of reform, that every minute cell and fiber of his whole system was in terrible agony, and seemed to be crying, crying, crying for the drug.

It may be seen from these facts that the malady is not only absolute, but also inveterate. It becomes fearfully chronic. It is more incorrigible than secondary syphilis. If Hahnemann's theory is true, that drug or artificial diseases retire after conquering the natural disease for which they are given, there must be an exception in this case; *Opium* is determined to hold all the ground it conquers. Whoever gives it in a way to form the habit, should consider well whether it is better or worse, than to leave unmolested the disease presented for treatment.

But can it be cured? Have we any drug that will meet it by the law of similars? Not directly, so far as is yet known.

There is none that seems to cover the totality, even of the leading symptoms. *Alcohol*, perhaps, comes nearest, being very similar in mental hallucination especially. Delirium tremens of the one can scarcely be distinguished from that of the other. But *Alcohol* fails to induce the special gloom, destruction of the moral sense, and suicide mania; it leads readily to crime against others, *Opium* to crime against self alone. As a matter of fact, moreover, *Alcohol* will not cure the disease. It has been tried often enough to know certainly, and if it would where is the gain? The *Alcohol* habit would be substituted. But the stronger does not, in this case, overcome or drive out the weaker, neither do they destroy themselves like the cats that mutually devoured each other, until there was not a vestige of either left. They live and reign together in terrible devastation. Who knows that such is not the case with many drug diseases which are established to overthrow various other maladies? Nature has thus a double work on her hands.

Is there no cure then? That depends. If the system, mental and physical, has become so disorganised, or rather malorganised, that the vital force can not be induced or enabled to reconstruct the organism, there is no cure. It must linger on as it is, suffer and finally yield up the breath of life. Cases of long standing, where the patients are advanced in years, are probably of this nature. They can not give up the habit because they will not, and they will not because they can not. The suffering induced by the attempt, and the weakened manhood forbid. Such appear to be the simple facts.

I suspect that all the cases, (not very many either,) that I ever gloried in reforming, are not reformed. I have failed for some years to hear from them, and when this is the case, it is not difficult, alas, to guess what the matter is. I have learned, moreover, that I can never know that a patient of this chronic kind has reformed at all. It has turned out that some men of great intellectual parts, even while writing of their great victory, have been taking the drug at the same time. They merely saw victory in the distance.

But in the prime of life, when the habit is not of long standing, I think there is hope of cure. If the mind can be assisted and controlled, or if it can control itself, so as to stop the drug entirely for a few months, the vital power will throw out evil effects, and repair damage. The process may be very much assisted also by medication. The attendant agony may be greatly mitigated, and of all the drug remedies that I know, after thoroughly testing those that seemed to be indicated, two, *Arsenicum* and *Tart. emet.* stand prominent, and they both seem to be needed. It is far more tolerable, far more easy for the patient, if the drug is diminished little by little, until it is all disposed with. I think the case given at the head of this article, might be cured in a similar way. Let it be borne in mind, however, that no one should cry victory until some time after the drug has been entirely abandoned. The patient can bear almost any amount of reduction far better than the absolute winding up.

But the danger is not over, even after years of entire abstinence. I knew a man, who, in the vigor of early life, had been treated with *Opium* for the suppression of a diarrhœa, until the habit had been fixed for about two years. He then, by a great effort, broke it up, and remained for more than ten years without a dose. Then that tendency to diarrhœa returned, or rather became unmanageable by the means that had so far controlled it; there seemed to be a sort of periodical relaxation of all the mucous membranes, and a running off of all the fluids of the body. Nothing could be found to check this except *Morphine*. If left to run, life itself would seem to be passing off. The continuance of half a day would leave him unfit for any sort of business for a week. The condition for which this drug was given, had become so identified with the system, and so related to the drug, that nothing else would reach it. This state of things has continued for a dozen years, and what is peculiar about it is, that in this case the habit was never much of a habit. There was never so much as half a grain of *Morphine* taken in a day, and it has never of late years required more than half a grain in a week to keep the malady in check, but this little it ap-

parently must have. If such is the effect in so mild a case of the *Opium* habit, where the vigor of the will was left unimpaired, what shall we expect in cases of long continuance and abundant *Opium* eating? The very thought is terrible.

And yet I believe that *Opium* and its brother *Alcohol* are among our best and safest medical agents. I have been somewhat known as an opponent of them both, and I am so far as they are commonly used by the people and the physicians, but when they are given in such attenuations or dilutions as to just meet the case in hand and no more, there is no habit formed, which is evident from the fact that they can be left off without inconvenience, and that no increase is required from time to time. They seem to correspond better than most other drugs with the stupor and coma, or restlessness, horror, delirium, etc., of most fevers. Let them be given not to support the vitality like food, but in such dilutions as we give other medicines, and they are often singularly effective for good. Our law of cure, (apparent or real,) indicates that they ought to be, and experience proves that they are. But they are sharp tools and no careless man or botch of a workman should venture to use them. Most homœopathic physicians have learned how to employ *Opium*, but their use of *Alcohol* is nearly as monstrous as that of the old school. They still give it by the drink, and for the supposed end of maintaining the vital forces.

This article has been written almost entirely from experience and observation.

MANY persons wake up in the morning with inflammation of the lungs who went to bed well, and are surprised that this should be the case. The cause may be found in a room, the window of which has been foolishly hoisted for ventilation. The water cure journals of the country have done an incalculable injury by the blind and indiscriminate advice of hoisting the window at night.

General Clinics.

CASES FROM MY NOTE BOOK.—By W. S. Mullins, M. D., Paris, Ill.—I. Chill Fever, quotidian, *Nux* 6.—Mr. T., aet. thirty-eight, married, nervo-sanguine temperament, called upon me on the twenty-third of September last, said he had had chills for eight weeks; his symptoms were as follows: Frontal headache, worse from motion and by contact, his head felt as if it would split open; some ringing in the ears, had taken large doses of *Quinine*; tongue coated brown, bitter taste in the mouth on awakening, stomach bloated, slight induration of the left lobe of the liver, sour eructations after eating, spleen somewhat enlarged; chills every other day, chill beginning about five a. m., followed by high fever and a slight sweat; bowels very much constipated, appetite poor. Prescribed *Nux vom.* 6, to be taken at ten a. m., four p. m. and on going to bed. I told him to report in five days. He did so, and said he had a slight chill the next morning at six a. m., has not had a return since.

II. Itching, *Rhus vad.* 3.—J. B., aet. twenty-four, nervous temperament, appetite good, bowels regular, in fact he complains of nothing but an intense itching between the scapulæ and on the calves of the legs; worse just on going to bed. Prescribed *Sulph.* 30th. Reported in a week and did not seem to be any better. Prescribed *Rhus tox.* 6, and told him to report in a week. No improvement. Prescribed *Rhus vad.* 3d which cured the case.

III. Nocturnal Emissions, *Nux v.* 3, *Camphor*, *Digitaline* 3, *Sulph.* 30, *Phos. acid.*—Mr. E. F., aet. twenty-three, nervo-sanguine temperament, complains of a dull aching pain in the lumbar regions, dull heavy pain in the occiput, a tingling sensation in his hands and down the spine. Says "his limbs go to sleep quite frequently;" heart's action increased; nocturnal emissions once or twice a week; appetite rather too

good. Prescribed *Nux* 3d taken upon going to bed. This seemed to remove the pain in the occiput and the tingling in the extremities but had no effect upon the emissions. He then left me and upon his own account took *Camphor* which seemed to check the emissions for some weeks. Then, a natural result, they returned more frequently than before. Found upon a second examination a still greater increase of the heart's action; pulse running about ninety-two per minute, but an irregular or intermittent beat; easily excited; the only condition I could find of the mind was a desponding mood. Prescribed *Digitaline* 3, one powder on going to bed. He reported in two weeks and said that he had had but two emissions; continued the medicine, powder every other night, and told him to report in three weeks. Found him very much improved, appetite normal, pulse eighty, but still irregular; had gained some five pounds in flesh. Prescribed *Sulph.* 30th, *Phos. acid* diluted taken in alternation twice per day. Since then, which was three months ago, has not had an emission oftener than once in four or five weeks; has gained some fifteen pounds in weight; his despondency has all left him, he seems and acts like a different man. The question with me is, can these emissions be entirely cured, or is it not as Prof. Beckwith once remarked to the class of '75 and '76 "when the dam is full it must overflow."

I may add that I have had many cases of spermatorrhœa to treat this year; have always found my wants supplied in such remedies as *Alumina*, *Aurum*, *Bromine*, *Camphor*, *Cantharis*, *Cannabis sat.*, *Calcarea*, *Gels.*, *Hydrastis*, *Digitaline*, *Conium*, *Staphysagria*, *Nux vomica*, *Sepia*, *Sulph.* and *Selenium*. The last I have found indicated where there was a discharge of semen or prostratic juice after micturition.

IV. Neuralgia, *Iris ver.* 6.—Mrs. T., aet. forty-two; married, mother of five children. Has been suffering from neuralgia in the left temporal region, extending down the ramus of the lower jaw into the teeth, pain sharp and cutting, bowels regular, normal appetite; sleep good, when not disturbed by these neuralgic pains. Prescribed *Iris v.* 6, ten pellets, number thirty, four times per day. Cured.

CURES WITH ARSENICUM.—From Der Allgemeine Homœopathische Zeitung.—Translated by A. McNeil, M. D.—S., aet. forty, slender form, a brandy drinker, cachectic appearance, has suffered eight days from febris intermittens quotidiana. In the morning, stretching of the limbs, yawning, empty feeling in the head, thirst, after drinking chilliness and shuddering; then coldness over the whole body, pale sunken face, looks extremely sick, pale lips; shaking chill, pain in the limbs; contraction of the chest, oppression of the respiration, restlessness, trembling and shaking; heat and burning in the entire body; there is a burning sensation in the veins, anxiousness, restlessness, prostration; thirst and longing for refreshing drinks; pain in the left hypochondrium; after the heat abated great sleepiness; during the apyrexia prostration, no appetite, constant longing for acids and refreshing drinks; sleep at night restless, disturbed by bad dreams; examination of the abdomen revealed painfulness of the region of the spleen.

September 3d, 1854, gave *Arsenicum alb.* 9, four doses night and morning.

September 5th, the paroxysm was light, without any pain in the left hypochondrium, stool regular, urine cloudy, depositing a sediment.

September 7th, 8th and 9th, no paroxysm, otherwise well.

September 13th, is discharged and goes to his work.

Henrietta W., aet. two and a half years, suffered several times during the summer from conjunctivitis, which continued a longer or shorter time, and was accompanied by intense photophobia. In October, 1853, she sickened again. She lay the entire day and even at night, in bed on her face, with both arms pressed on the eyes, in order to avoid every ray of light; every curtain must be let down, although for three weeks at that time there was a heavy fog, so that the sun scarcely shone. Only by force would she sit up, but it was impossible to see her eyes as the lids were spasmodically closed; the lids were a little redder and scarcely swollen; tears constantly flow from her eyes, and as she constantly rubbed them away with her arms, an eczema was produced

on her forehead, cheeks, and even the arms, which greatly disfigured the child. No appetite, sleep extremely restless, frequent flashes of heat, no other fever. The pains were paroxysmally violent, accompanied by whining and obstinacy, in the intervals she was gentle and friendly. She had been treated homœopathically three weeks, without experiencing any benefit whatever from any of the remedies. Finally *Arsenicum alb.* 3 fifteen drops in two ounces of water a teaspoonful every three hours.

On the following day she opened her eyes a little. On the third day she looked about and allowed the curtains to be drawn, and after eight days the entire disease, excepting the eczema, was gone. The conjunctiva remained only slightly reddened.—BAEHR.

John Frey, eight and a half years old, weakly, hard of hearing, ottorrhœa. During the summer he was indisposed once, feeling weak, sleepy, was chilly, and at night slept restlessly. On the next morning he did not rise till late, and would eat nothing. On the following morning he was again well. This illness was exactly repeated eight days later. On the fourteenth day the boy again complained of weakness, ate little, was very depressed, and went early to bed, because he breathed anxiously. After a few hours the dyspnœa increased, so that the parents heard the whistling and groaning in the next room, and in a few moments they feared that he was nearly suffocated. Respiration was short, quick, whistling, difficult and with great oppression on the chest; his face bloated, blue and covered with a cold sweat; he threw himself about in bed anxiously; tried to speak, but was unable to pronounce an intelligible word aloud, sprang out of bed and ran to the window and seemed as if he would suffocate amid the whistling, hissing efforts to breathe; pulse accelerated and small. *Arsenicum alb.* 4, one dose.

After four minutes, amelioration, and after half an hour, remission of the attack. The boy afterwards slept quietly, and during the day was free. A new attack followed in the night, but was again removed by one dose of *Arsenicum*. The disease did not again return.—J. SCHELLING.

An unmarried woman, thirty years of age, weak and badly nourished, was attacked about eight p. m. after great exertion, with burning in the region of the stomach, nausea with pressing headache, constant stitching pains in the region of the spleen, then cold sweat on the forehead; sudden vomiting of a great deal of blood, part of which is dark fluid and part coagulated, which was repeated before the arrival of the physician. She vomited altogether about five Vienna pints. She was in bed, was pale and waxy yellow, constant nausea, and fainting attacks; when her consciousness returned she complained of thirst and coldness of the body. *Arsenicum alb.* 15.

She was soon quieter. Her head is dull with a beating pain; the burning in the stomach continues; less nausea, no vomiting, great thirst. *Arsenicum alb.* 15, again.

Great weakness, frequent yawning and a little restless sleep. Morning, head dull, less painful, stomach only sensitive on pressure, very little stitching in the spleen, thirst still excessive; she takes a little soup, although she does not relish it, yet it is tolerated by the stomach.

She recovered gradually. On the fourth day she did not complain of anything, and remains up to this time, eighteen months, well.—ANT. RUPPRICH.

Febries intermittens quartana. Paroxysm begins at five p. m. with a shaking chill which continues an hour; then follows heat mixed with shuddering, which continues an hour; the heat and thirst are moderate, the latter beginning at the end of the chill; no sweat; towards the end of the chill, there arises a stitching, drawing and pressing in the forehead, reaching to the eyes, so that she must close them; opening her eyes, and every movement aggravates the pain; flat taste in the mouth; on falling asleep she is awakened by a stool which keeps her awake; her feet are œdematous. *Arsenicum alb.* 30, cured the disease.—NEUMANN.

NOTES ON HÆMORRHAGE DURING PREGNANCY.—By S. J. Hill, M. D., Cherokee, Iowa.—In the November number of the ADVANCE, I notice an article by Dr. Liliencrantz with the above heading, and, as Prof. Beckwith would say, "now for a case in point."

Was called March 24, 1874, to see Mrs. B. who, while washing, had been taken with slight hæmorrhage.

She was at this time about four and a half months advanced in pregnancy.

I ordered her in bed and prescribed various remedies as they seemed indicated but with only partial success.

On April 1st, the pains and flowing increased and on examination I found the os open, nearly or quite sufficient for the escape of the head, and, losing all hope of saving the fœtus, I ruptured the membranes when to my surprise the os closed down, on the escape of the waters, and the flowing almost entirely ceased. This condition lasted till April 13th when after a few hours of pain the fœtus was expelled and again the uterus contracted down and in the course of a few days she resumed her household duties.

She remained quite well up to June 24th when the pains came on again and the placenta was expelled in a healthy condition and evidently had been growing right along as if nothing had happened.

I believe that had I attempted to interfere and remove either fœtus or placenta I should have greatly endangered the life of my patient. It is the only case that has come under my observation where so long a time has elapsed between the expulsion of the fœtus and placenta.

EVERYBODY must feel more at ease now since the advent of a patent mustard plaster. They are clean, compact and can be carried in the vest pocket and slapped on at any moment. This invention will work a revolution in society. It can't help it. Now, for instance, the writer does not go to picnics. They are enjoyable, but he was afraid he would appear to be ostentatious if he went with a quart can of mustard in one hand and a roll of muslin under his arm, and it would hardly do to go unprepared for an emergency. There is no trouble now. Everybody can go to picnics, clam-bakes, and church festivals with impunity. It will take but a minute to step back of a tree, pull up your vest, slap on the plaster, and pain is harnessed at one's command.

Surgery

Almost Complete Oclusion of the Vaginal Walls. From Injuries Received in Childhood. By B. L. Cleaveland, M. D., East Saginaw, Mich.

In the spring of 1873, I was called to see Mrs. Mollie C., æt. twenty, nervo-bilious temperament, medium size, well developed form, black hair and eyes, and generally enjoys very good health, who was suffering from an attack of diphtheria. After a few visits she recovered. While making my last visit she informed me that she had some trouble with the female organs and would call at my office to consult me as soon as she was able to be out, which she did.

Replying to my questions, she said: "I have been married several months, but my husband could not have connection with me. We consulted several physicians and they all pronounced my case incurable, that they thought I must have been born so, also that they had never seen a similar case. After hearing their opinion, my husband, although I think he loved me, left me at my mother's and went to Canada, saying he would not live with me, but would always be my friend and send me money if I needed it." She thought her monthly sickness was regular and not attended with much pain, but flowed a little for eight or ten days. Did not know that she ever had any leucorrhœa. Upon questioning her closely as to the probable cause of her condition, she frankly told me that she had always supposed herself like other women, though she had never experienced any sexual desire.

Upon examination of the organs, I found the ostium vagina so small that I experienced no little difficulty in passing a small probe, (about the size of an ordinary knitting needle,) the parts were extremely sensitive. I could not detect any well marked cicatrix, and my persistent quizzing failed to

throw any light upon the subject. But still thinking she had met with some accident, I questioned her mother. She at last recollected that when Mollie was five years old, while playing about an old saw mill with her brother, she had fallen from above astride of some timber below, injuring herself so that the blood flowed quite freely from the genital organs, and that she was not able to go out to play for a week or more, but she did not consider it of sufficient importance to call a physician, and that the circumstance had nearly passed out of her memory.

After carefully considering her case, I informed her if she would have patience and courage, I thought that in time I could cure her. She remarked that she would endure most any thing if I could do so, as life was burdensome in her present state.

Five days after the cessation of the menstrual flow, assisted by my partner, Dr. Putnam, (I was then located at Flint,) who completely anæsthezied the patient, we placed her in a proper position, with a good light brought to bear upon the parts. Then with a scalpel, I divided the external and upper part of the vaginal walls as near as possible in the mesial line for about an inch, then I inserted my thumbs, backs together, as far up as the incision would permit, with considerable spreading force, succeeded in separating the walls as far as they had grown together, which was full two inches. Considering it far better to tear the parts than to make further use of the knife. The separated parts did not show any trace of mucous tissue, while the muscular fibers were quite apparent, showing conclusively that the walls, with the exception of the small orifice at the upper portion, next to the urethra had completely grown together. During the operation, there was considerable hæmorrhage, which almost ceased after the application of cold water, with the addition of a few drops of *Arnica* tincture. I now packed the wound with pledgets of lint, well soaked in the following solution:

R	Linseed oil,	3	iv	,
	Carbolic acid,	3	i	M.

Also placed a napkin wet with a solution of water and *Arnica* externally, and gave a few drops of *Arnica* 6th internally.

The vagina was carefully syringed out with warm water and castile soap, and repacked as before, two or three times a day for ten days, when the wound had nearly healed. I then administered *Chloroform* and inserted Sims' vaginal dilator, small size; this remained in the vagina from three to five hours each day. After the first day I was able to introduce the dilator, well oiled, without the aid of an anæsthetic, during this time I instructed her to remain as quiet as possible and to lie with the limbs widely separated. At the expiration of three weeks the wound had healed kindly, showing very little inflammation or suppuration.

I went abroad at this juncture and directed her to use the dilator every day as before, except during the menstrual period, until well. As she was unwilling to have another surgeon treat her.

After spending nearly a year in Europe, upon my return she called here to see me and informed me that soon after my departure she had neglected to use the dilator, as its introduction caused her considerable pain. She had suffered from vaginitis, accompanied with some discharge at times.

Upon examining the parts I could with some difficulty insert my little finger, well oiled, in the vagina. The walls showed considerable thickening, with very little elasticity, and were quite sensitive to touch. I now informed her that her case would be a slow one and would take a long time, at best, to effect a cure. She being very anxious to get well, I commenced her treatment again by giving her *Calcarea carb.* 3d trituration, night and morning. The third month I gave the 30th potency, ten pellets at night. The fifth month I gave the 200th potency, only at longer intervals, until well, except a few days at a time, then the patient received either *Lycopodium* or *Conium* 30th in the place of *Cal. c.*

I also made use of *Suppositories*, composed of *Tannic acid* and *Cocoa butter*, one of which was inserted far up the vagina every other night, at first, and afterwards at longer inter-

vals, for four months, except during her menstrual flow. I had her syringe out the vagina night and morning, using considerable warm water at each time. After four months had passed the vaginitis had disappeared, and most of the thickening of the walls had been absorbed and they were much more elastic than before. Doctor Farnsworth, of this city, now administered *Chloroform* and I again introduced my thumbs as before, by exerting some force I dilated the vagina, and in some places was obliged to rupture the parts open anew where adhesions had taken place. The hæmorrhage was not great but continued some time. I now inserted the dilator and had her continue its use several hours every day or night, except when she was unwell. At the expiration of nine months the thickening of the vaginal walls had entirely disappeared and they were nearly normal in all respects. Fifteen months from the time I commenced my last treatment she gave her hand in marriage again and performed her family duties to the satisfaction of all concerned. Although she has no sexual desire, coitus is not particularly painful.

The tenth of last June I delivered her of a six pound girl. During the last two weeks of gestation she often had quite hard pains, and on several occasions I was almost sure she would be confined. The last five hours of labor she complained bitterly from pain in the vagina. Also had a small perineal rupture which I had expected and informed them accordingly, otherwise her labor was normal, and she made a quick recovery and is enjoying the best of health. I would remark that the remedies I have made use of in this case have on several occasions proven very efficacious in treating abnormal growths.

THE FORCE of this drinking habit, of which so much has been said, resolves itself into this feeble will-power. If we diminish the ability to resist a force, we do, practically, the same thing as if we had increased that force. There is little doubt but this is merely a symptom indicating the diseased condition of the brain, present in the victim of the poison.

Miscellaneous.

Sartor Resartus. "Our First Bagging," by Ad. Lippe.

In our notes on diphtheria in the October number of the *ADVANCE*, we did not flatter ourselves that we should excite our learned and worthy friend, the Goliath of Individualization, to such an extent that he should entirely forget the point under consideration, and that he would presume to claim that his essay, read before the World's Homœopathic Convention, was only a joke. Rather diaphanous, this. The "trap pathological," we apprehend, has caught the trapper. No one will accept this as a "joke." "Sartor Resartus." Hope he will have better success the next time he goes bagging. (bragging.)

We have not questioned the fact that *Kalibich* may "go to the bottom" of some things as a "cork screw" will go to the bottom of a wine bottle. But has it been demonstrated that the excavating, perforating chancre is caused by the spiro bacteria, or that the chancre and diphtheritic ulcer are in any way related in history or character, in etiology, pathology or in symptomatology? As it has not we apprehend that the analogy is slightly lame in one leg, and this Goliath has thrust his head into a very small opening from which he will find some difficulty in extracting it, even with the aid of his "cork screw."

We could not flatter ourselves that our notes had been the innocent cause of such a sad result.

He assumes that because "some men" do not agree with him that, therefore, they "have no minds," and that these "men are but full of pathology minus Homœopathy." He takes great pleasure in referring to Hahnemann and the *Organon* as authority for his denunciation of the physiolo-

gist and pathologist, but makes no quotations to show their errors. He claims to be able to distinguish a case of spiro bacteria diphtheritis from one of spheroid or micro bacteria from the mental symptoms alone on the first visit. Few who have had any experience with this disease will accept this statement, unless a few grains of salt be added.

"Key notes" and "special characteristics" may be valuable in themselves, but are no part of Homœopathy; they are usually the result of clinical observation and so far are purely empirical.

Does Dr. Lippe adopt Dr. Evans' remarks made to the students of Middlesex Hospital, which he quotes approvingly? If so, it is the rankest treason to the homœopathic law. Dr. Evans is eminently a pathologist, and believes that every constitution has its own peculiar disordered or abnormal predisposition, (pathological condition.)

The trouble seems to be with those key note, special characteristic, high pressure gentlemen, that they have not studied Hahnemann's Organon carefully, or they would not speak of a disease as a thing. Hahnemann calls it an "aberration of feeling and function of the organism;" "altered feeling and function," etc., and selected the drug for its removal with reference to the "totality of the symptoms" as developed upon the healthy individual—not the key notes the result of clinical observation.

DR. OWENS.

EDITOR OF MEDICAL ADVANCE.—DEAR SIR:—I am simply a student of Homœopathy. I make this statement beforehand that you may be advised that I belong to the weary plodding ranks of the gatherers and winnowers and grinders and am not accustomed to taking matters on lance's point like the gallant La Manchavelien of our periodical litera-

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ture, who, mailed cap-a-pie in sheepskin, armed with theory and mounted on their hobby, feel dutifully commissioned for the good fight.

The writer of "Experience with High Potencies" in your last number merely rides the old wind mill tilt anew, or if his case of paralysis reported cured by *Nux* isn't a genuine Quixotic delusion, then indeed have I failed to "apprehend that for which I am also apprehended"—homœopathic truth.

The derangement was evidently in the seat of nervous excitability and as *Nux* acts only upon the sentient nerves, I fail to discover the therapeutic relation by which high any more than low potencies could work a cure. He acknowledges that low potencies failed him in similiar cases and now because one happens to get well on his hands while up in the nineties of thousands he lays his former want of success to the charge of chance potency instead of to his ignorance of the proper drug. One single recovery is not only sufficient with him to cancel many failures but at the same time to establish the superiority of that which is more in keeping with his present fancy. He finds it so because he wishes it so.

The constipation recorded was merely a part of the whole and no one in a moderate degree acquainted with the pathogenesis of *Nux* would have waited ten days in such a case, as our doctor did first, and then with the addition of a warm water enema twelve days more. In all it took him three weeks to find out that a completely paralyzed state of the intestine is not within the range of *Nux*. Indeed I really doubt if he has learned this for it seems only that he is conscious that in the present case the remedy refused to work the oracles his imagination had assigned to it. No fault of his of course.

Nux vom., according to Dr. Dunham, does not diminish the action of the intestine, it rather increases it, but at the same time renders it harmonious and spasmodic—a hindrance therefore and not a help to evacuation." This is the kind of action it induces throughout. Experimental poisoning with *Strychnine* shows it to be so and that these motor manifesta-

tions arise solely from an unnatural excitability of the reflex action. Its inimical effects appear in the sphere of sensibility alone as examination after death shows that "the sensitive filaments have been paralyzed while the motor filaments have retained their irritability."

If *Nux* cured paralysis in one part, why not a co-existent and absolutely identical affection in another? And if not what had the *im* attenuation of lard to do with it? It is very clear that the operation of the bowels came about as a natural consequence of the general improvement of the paralytic state and that simply a spontaneous recovery.

As I have told you, sir, I am only a student, still, as it were, in downs and pin feathers, and the gentleman whose practice I call in question may have grown gray in service for all I know, but if his cases quoted be true representatives of his "experience," I feel that it is no presumption in me to say that his affection of etherialism in drug can never hide his actual materialism of ignorance.

This article is not the only one I have met lately which I can not reconcile to the acknowledged standard of scientific truth—I mean experimental research. The large bulk of our publications, especially periodical, seems to be made up of the effusions of those patriotic, disinterested and gifted sons of Hippocrates who burn with a quenchless desire to shed a gleam of their own intrinsic luster on the medical literature of our age and country, and, sir, those who have this power at work within them this all-privileged, full-qualified, all-mightiness will ever feel free to ignore the realities of reason and nature, to create facts out of fancies, and by their simple dictum to make truth and beauty out of coarseness and husks.

Here it is said "get at the pathology of your cases" there "the totality of the symptoms alone constitutes the disease," again the "key note" system is urged, and yet again some treasure trove symptom turns up in the nick of time and is lauded as a trusty deliverer worthy of all dependence.

There are as many "original Jacobs" in homœopathic opinion as there are in Chatham street. Over these some one

puts "original, original Jacob" and then the "original, original, original Jacob" has got to protect and clamour in proportion to his assumed genuineness. In short, sir, can you show me a spot in modern literature where the unformed, unaided, student mind can find a resting place—a single speck of form large enough to rest upon securely in all the wide, soul-sickening chaos by which it is surrounded?

When I began the study of medicine my innocent credulity was of that ready capacity which took in "facts" of all sorts and sizes, but before long perplexities began to manifest themselves and these have cumulated until I fear, if this state of matters must remain long unmended, that I shall be carried to the other extreme where I must reject every thing I do not absolutely understand from my own investigations.

Let me conclude, sir, with a few questions: Is it of no importance in practice whether we differentiate between a catarrhal and a croupous pneumonia? Between an inflammatory and a nervous pain? Between a nervous and a muscular paralysis? Between a cataract and an abscess of the cornea? Can there be more than one straight line between two given points? Is the shadow at the same time the substance and vice versa? Are fancies facts? Is obscurity depth? Some at least of these used to be definite but each seems to have two sides of late—yes, I might add, Did Jonah swallow the whale or the whale swallow Jonah? Or yet be as pertinent as much of the matter paraded as important thought.

Can you, sir, suggest a plan to "make the rough way smooth, and the crooked way straight?" And oblige,

Tiffin, O., Dec. 6, 1876.

STUDENT.

AN ANATOMICAL CONUNDRUM.—Why is a man with large auricular appendages like time soon to come? Because he is ere long.

Pioneers of Homœopathy in Northern Ohio. By D. H. Beckwith, M. D., Cleveland, O.

The author of this most excellent monograph has accomplished a task of incalculable value to the medical profession. We are quite sure his many readers will find it difficult to realize what an amount of labor has been employed in collecting all the valuable and interesting facts contained in this pamphlet. The author will however be thanked all the same, and we hope his noble task will be emulated by others in order that the pieces of history may all be gathered up so that nothing will be lost. We venture to quote a few paragraphs:

"The physicians of to-day can but partially realize the great work that was performed by the pioneers of this city and of Northern Ohio in introducing the Hahnemannian system of medicine. But the banner on which were inscribed the words "*Similia Similibus Curantur*" still serves as the guiding star of the profession, leading them on to victory and repeated success.

"As early as 1836 the practice of Homœopathy was almost unknown in Northern Ohio. The men who commenced at an early date were mostly itinerant German physicians. The first one that I have any knowledge of was a Dr. Cope, who located near Plymouth, Huron county. He was a high dilutionist, and gave only a single pellet for a dose, to be repeated once in three to fourteen days, as the case required. He endeavored to mystify his practice by his strange doings and sayings. Nevertheless I knew of some remarkable cures that he performed by administering only one or two doses of medicine.

"It was not until 1843 that we find physicians engaged in the practice of Homœopathy who were men calculated to inspire confidence among the educated and intelligent people.

"Homœopathy was introduced into this city (Cleveland) by R. E. W. Adams, M. D. In the year 1844 Daniel O. Hoyt, M. D., came to this city and became associated with Dr.

Adams. This partnership continued a few years, when Dr. Adams removed to Washington, D. C., and from there to Springfield, Ill., where he died about the year 1870. Dr. Hoyt continued in the practice of his profession for over thirty years in Cleveland. He died August 10th, 1874, aged eighty-six.

"In Ravenna, in 1843, we find Dr. Casperi, an Italian by birth, engaged in an extensive practice.

"Dr. Schlagel, a German, opened his office at Amherst in 1843 or '44, extending his practice to Oberlin, Elyria and other small villages in the vicinity.

"About the same date Storm Rosa, M. D., of Painesville, became a convert to the doctrines of Hahnemann. So great was the confidence of his patrons in his ability, that nearly all of them continued to employ him. Dr. Rosa died at Painesville in 1866 at an advanced age, having been engaged in the practice of Homœopathy nearly a quarter of a century.

"In the year 1845 David Shepherd, M. D., of Bainbridge renounced his connection with the old school, and since that date has remained a practitioner of the new school of medicine. He is still living, and his numerous friends greatly appreciate his medical services.

"A. H. Burritt, M. D., located in Burton, Geauga county, at an early date (about 1844). I find no mention of his name in the journals until 1846, when he was in attendance at the American Institute of Homœopathy, which convened at Philadelphia that year. In 1854 he removed to New Orleans. A letter received a few days since from Dr. Wm. H. Holcomb says that "Dr. Burritt is still in this city, aged seventy-one but perfectly helpless from paralysis."

"John Wheeler, M. D., commenced the practice of Homœopathy in this city in 1845. He graduated from Dartmouth College in 1817. As a physician of the old school he ranked high and received the honorary degree of Fellow of the Albany Medical College. He was the third homœopathic physician who located in Cleveland, and always occupied a high position in his profession. He was truly a noble

pioneer, and did much to make Homœopathy in this city what it is to-day. He loved his profession and served it well. Death called him hence while he was still on duty. He died February, 1871, at the ripe old age of eighty-one. He was beloved by his patients and respected and honored by the medical profession at large.

"Alpheus Morrill, M. D., located in Akron in the year 1845 or '46. In 1848 he removed to Columbus, and after remaining there a few months ill health obliged him to leave the West. He located in Concord, N. H., remaining there until his death, which occurred nearly two years ago. Dr. Morrill was a senior member of the American Institute of Homœopathy, an organization that he loved and cherished. Dr. Crosby, a partner of Dr. Morrill while at Akron, left that place soon after the latter did, for a similar reason, and I find no trace of him through the journals or by personal inquiries.

"E. W. Cowles, M. D., a graduate of the Jefferson Medical College, in the year 1845 became a disciple of Hahnemann, and commenced the practice of Homœopathy in Cleveland. In 1847 he removed to Ann Arbor.

"B. W. Richmond, M. D., practiced at Chardon about 1845. A few years after he removed to the South, where he died during the early part of the war. The same year A. H. Plympton, M. D., located at Painesville. I have not been able to ascertain whether he is still living, nor where he located after leaving Painesville.

"D. Stevens, M. D., settled in Windsor in 1845, where he is still engaged in practice.

"C. D. Williams, M. D., came to Cleveland in 1845, and remained here as one of the leading physicians until the fall of 1860. In 1861 he selected St. Paul, Minnesota, as a future field of labor, where he has since been engaged in a large business.

"Thirty years ago we had three out of the five homœopathic physicians of Cleveland in attendance at the American Institute of Homœopathy. I have just received a letter from the only surviving one of the three, who says: "You

see we old chaps attended the Institute promptly in those days."

"Dr. Snow read medicine with Dr. Wheeler, being the first medical student of Homœopathy in this city. After graduating he went to New York and associated himself with Kirby's Journal of Homœopathy. He died a few years afterwards.

"Henry Wigand, M. D., located at Ravenna in 1846, and at a later date went to Sandusky, and from there to Springfield, Ohio.

"In 1846 Dr. B. H. Bartlett opened in Cleveland the first homœopathic pharmacy in Northern Ohio.

"In 1848 G. W. Barker, M. D., and Thomas Miller, M. D., located in Cleveland. Dr. Barker soon moved to Detroit, and Dr. Miller left Cleveland for Missouri where he spent his last days. The same year a Dr. Gilman came to Cleveland and commenced the publication of a journal to which I shall allude hereafter. He only remained a short time, and went to some other field of labor.

"Not until the year 1848 did the practitioners of the old school begin to realize that they had a powerful rival in the field of practice. Teachers, physicians and professors of high repute, through the press and public lectures, criticised and denounced Homœopathy as the greatest "humbug of the age." Most of the physicians who were engaged in the practice of Homœopathy in this city at that time were men of high attainments, having graduated in the best allopathic colleges, and practiced the old school of medicine successfully for several years. The stronger the opposition the greater their success. The first series of lectures denunciatory of Homœopathy in Cleveland were delivered during the session of 1847 and '48 of the Cleveland Medical College (on Erie street) by the late lamented J. J. Delamater, M. D. Being a student of medicine at that time, I was led to inquire the reason why Prof. Delamater should engage the time and attention, during his lecture hours, of two hundred and fifty students who were in attendance at the Erie Street School,

if Homœopathy were so great a farce as he represented in his lectures.

"In the year 1849 the homœopathic physicians of Northern Ohio began to discuss among themselves the propriety of establishing a homœopathic college. After much thought and deliberation they came to the conclusion that they could not sustain one, or supply it with all the necessary apparatus which would be required to compete with colleges of the old school.

"A convention of homœopathic physicians of Northern Ohio held in Cleveland, June 26th to deliberate upon the duty of selecting a man to fill the chair of Principles and Practice of Homœopathy in the Eclectic Medical Institute at Cincinnati, so liberally tendered to them by the professors of that institution. Storm Rosa, M. D., was unanimously selected to take the chair. So thorough were his teachings that two of the professors of the eclectic school adopted the practice of Homœopathy. Many of the students of 1849-50 have since embraced the doctrines taught by Prof. Rosa and are among the prominent homœopathic physicians of the State. So popular were the lectures of Prof. Rosa while in Cincinnati that the eclectic faculty, in the spring of 1850, requested him to resign. At a meeting of the trustees, held Aug. 22, 1850, the Chair of Homœopathy was abolished."

Then follows an account of the establishment of the Cleveland Homœopathic College, and of some of the most important historical facts in its subsequent history. We are then given an account of the establishment of several medical journals of which only the Reporter survives to do honorable service to the cause. We regret our inability to give the report in full.

"A call was made by the physicians of Cleveland, July, 1851, to assemble at Columbus on the 23d day of September, 1851, for the purpose of forming a medical organization. The society was organized under the name of "The Ohio College of Homœopathic Physicians. Dr. A. O. Blair, President, and Dr. G. W. Barnes, Secretary. Constitution and by-laws were adopted. H. H. Gatchell, M. D., of Cincinnati, read a

paper on "Subtle Agents as Illustrative of Medicinal Action."

"So great are the changes in just a quarter of a century that only three of the twenty-five pioneers who attended the first State Medical Society are now engaged in the practice of medicine in this State—their fields of labor having been left to younger men. Death has removed many of our early associates in the practice of medicine, and not one of the above named physicians from Cleveland is now engaged in the practice of his profession."

"Though these circumstances are not referred to as indicating any special merit on the part of the profession in Northern Ohio, yet they serve to show that the enterprise and love for our organizations are creditable to the memory of our pioneer fathers who labored so zealously to place Homœopathy upon a progressive and substantial footing. Our future success lies in a practical willingness to liberally sustain our institutions, and to work together in a spirit of toleration as regards individual advancement, but in a spirit of determination and conquest as regards the progress of Homœopathy as a school. Emphatically, in union is our strength, and the profession at large may safely rely upon the physicians of Northern Ohio to do their whole duty in sustaining and forwarding the interests of the new dispensation as bequeathed us by the immortal Hahnemann."

Prenatal and Infantile Culture.

The celebrated Dr. E. Seguin has an article in the Popular Science Monthly for November. He says: "During the first period of foetal life the feelings come mainly through reflex impressions from the mother—a process that not only lays

the foundation of health and vitality, but which forms the deeper strata of the moral disposition and of the so-called innate ideas. We know that a cold contact with the mother makes the foetus fly to the antipodes of its narrow berth; that a rude shock may destroy it or originate life long infirmities; that the emotion of fear in the mother means terror or fits within; that harsh words vibrate as sensibly in the liquor of the amnion as in the fluid of the labyrinth of the ear. For instance, when a mother has lulled her home sorrows with the strains of soothing music, her child, too often an idiot, shows wonderful musical proclivities amid the wreck of all the other faculties of the mind. For thirty-five years the writer has furnished his share of the facts which abound in modern books on physiology in support of this doctrine. It is useless to give illustrations here, but experienced physicians will testify that, when their hands receive a new comer, they plainly read upon his features the dominant feelings and emotions of its mother during that intra-uterine education whose imprints trace the channel of future sympathies and abilities. Therefore, if it is noble work to educate or to cure the insane, the idiot, the hemiplegic, and the chronic, how much higher is the work of preventing these degeneracies in the incipient being, by averting these commotions that storm him in the holy region intended for a terrestrial paradise during the period of evolution. To teach man reverence towards the bearer of his race, to instruct woman in the sacredness of bland and serene feelings during the God-like creative process, is educating two generations at once. This is the highest education of the nursery."

THE twenty-sixth annual meeting of the Homœopathic Medical Society of the State of New York, will be held in the common council chamber, Albany, Tuesday and Wednesday, February 13th and 14th, 1877, at ten o'clock a. m.

Contributions of papers, etc. earnestly invited, and the undersigned would be glad to learn the titles as early as possible.

ALFRED K. HILLS, M. D.,

33 W. 23d st., New York.

Rec. Sec.

Book Notices.

Ophthalmic Therapeutics By Timothy F. Allen, M. D., Surgeon to the New York Ophthalmic Hospital, Professor of Materia Medica and Therapeutics in the New York Homœopathic Medical College, and Geo. S. Norton, M. D., Surgeon to the New York Ophthalmic Hospital, and Ophthalmic and Aural Surgeon to the Homœopathic Hospital on Ward's Island. Boericke & Tafel, New York and Philadelphia; 279 pp., 8vo., Cloth, price, \$2.25.

This is not a large work to be the product of two distinguished specialists. The subject of which it treats is not so limited that it needs to have an endless and almost tiresome amount of repetition. A fact once stated clearly and in its proper connection needs no re-statement in a text book on medical practice. How would a historical work look if a large number of incidents were invariably stated at least twice, not to say a half dozen times? What work on chemistry, or geology, or astronomy repeats whole paragraphs in almost innumerable instances. A teacher on any given subject might do this in the lecture room, but why do it in a text book? Is this duplicating of so many statements due to the double authorship of the work? We imagine Dr. Norton on page four saying:

"Alumen Exsiccatum. Clinical. This substance, first recommended by Dr. Leibold, has been employed with great benefit in trachoma by dashing the crude powder upon the inner surface of the lids, allowing it to remain about a minute, more or less, and then washing it off with pure water. At the same time the lower preparations are given internally."

Then on page 186 we find Dr. Allen saying:

"Alumen Exsiccatum. This remedy, first suggested by Dr. Liebold, is of great value in all forms of trachoma, whether complicated or not. It is employed by dusting the crude powder on the inner surface of the lid, allowing it to remain about a minute, and then washing it off with pure water and at the same time giving the lower preparations internally."

Now we would like to know if this is a case of diplopia or downright plagiarism? Or is it a "damnable iteration," used to swell the size of the book and increase its price? Why in the name of common sense was not some of the type used in this surplus work spared and an index made for the book?

The work is divided into two equal parts; the first giving the appropriate materia medica and the second giving the various diseases and the application of the remedies. We are by no means convinced that this is the best method of getting up such a work. It involves an endless amount of repetition as we have already shown, and this should be avoided. We would prefer having the first part abolished and absorbed into the second part, and would suggest such an arrangement for a subsequent edition. It is a mistake in our authors to ignore the natural distinctions to be made between materia medica and therapeutics.

"Material for this work has been accumulating many years" says the introduction, which means a total of seven years in all. This is not a large amount of time to consume in creating a new department of practice. And though the time has been well employed and the work in able hands it plainly lacks in completeness. Indeed we marvel at the paucity of the result when we consider the men who have labored so long on the staff of the New York Ophthalmic Hospital. There is Liebold, Allen, Bacon, Hills, Norton and others, whose clinical books must have been full of good things. Several of these gentlemen we have failed to see mentioned in the book, while Wood-yatt, of Chicago, contributes as much as, if not more, than is directly credited to the New York specialists. This speaks well for the enterprise of our western specialist, and also for the capacity for generous appreciation on the part of the authors. These latter gentlemen have been too modest by half, or they would have acknowledged the paternity of many of the excellent facts contained in their book. On the whole the work pleases us much. We accept it as better than anything before presented to us on this subject. It is not altogether what we need, but it is a book that we can make immensely useful and we are certain the entire profession will hail its advent with rejoicing. Looking at it from a New York standpoint the work is not one to be proud of. It falls below the abilities of the authors, especially since there are two of them. But looking at it in the light of the past, we accept it gladly and thankfully as a blessing to the present, and a harbinger of a better future.

The Theory and Practice of Medicine. By John Syer Bristowe, M. D., London. Edited with notes by Jas. H. Hutchinson, M. D. Henry C. Lea, Publisher, 1876.

After a careful review of its contents we accord to this treatise the high encomium it so richly merits as an allopathic medical work.

Barring its treatment of disease to which in most instances we most decidedly demur, we know of no other work which more truly meets

the wants of the medical student. It is fully up to the times in diagnosis of disease, in definition, description, causation and pathology of the same.

What strikes us with particular force in its perusal is the space devoted to the diseases of the skin. This chapter embodies a "Definition of Terms" so necessary to clear understanding of the author's meaning. Sixty-two pages of interesting matter are given to this subject, and all skin diseases, except those of extremely rare occurrence, are treated of in a masterly manner.

The part devoted to the "Physiological Process in Disease" presents ably and succinctly, the modern theories of morbid growth, of atrophy, degeneration and necrosis, and of mechanical and functional derangements.

It is remarkable that so much real information could be condensed in so readable and attractive a form, and in so limited a space.

The author evinces the happy, though rare, faculty of giving to his thoughts a clear, concise and comprehensive statement.

There is so much that is really good in all parts of this work to commend, pertaining to the style and to the subject matter, that it must be read and studied to be appreciated.

Robert Clarke & Co., Publishers, Booksellers and Stationers, 65 West Fourth St., this city, will furnish this book, prepaid, on receipt of the price, \$6.50.

A Treatise on Diseases of the Skin. By S. Lilienthal, M. D. Boericke & Tafel, New York and Philadelphia.

This is another grand mile stone in the march of progress we are making in homœopathic therapeutics. By the earnest conscientious labors of the author, we have now, for the first time, diseases of the skin brought intelligently and systematically within the domain of homœopathic practice. Heretofore this most important section of medicine has been like a vast morass or jungle given over to doubt and ignorance, full of darkness and pitfalls, and the scepter of empiricism. Individual explorers have now and then set up a guide board; occasional land marks have been placed here and there, but in the main the territory of dermatology has been well known as "The Bad Lands" of medical practice. But the courageous author of this work has boldly advanced to the center and set up the standard of similia. He has taken possession of it all in the name of scientific therapeutics. He has modestly put forth his book as a preliminary treatise, a sort of forerunner to a more complete work to be issued as accumulating data and the needs of the profession may demand.

But we may for a long time rest well content with what the author has furnished us. We are sure the book will be hailed with pleasure by the entire profession. In those difficult and perplexing cases so often met we have here a safe guide in treatment so long desired. For sale at all the homœopathic pharmacies. Price \$3.50.

As for the Scientific American, it is just splendid. It has no rival and is unexcelled.

RECEIVED.

INTRODUCTORY LECTURE, Hahnemann Medical College and Hospital, Chicago. By R. Ludlam, M. D., Prof. etc.

ON Treatment of Eczema. By R. W. Taylor, M. D. No. XI vol. ii. American Clinical Lectures. G. P. Putnam's Sons.

HISTORY of Homœopathy in Northern Ohio. By D. H. Beckwith, M. D., Cleveland, O.

AMERICAN Journalist and Advertisers Index. Quarterly. By Coe, Wetherill, & Co., Philadelphia.

REPERTORY to the New Remedies. Designed to accompany Hale's Special Symptomatology and Therapeutics. By C. P. Hart, M. D. Boericke & Tafel.

Medical News.

Dr. B. EHLMANN thinks the writer of "Noodles" published in our last, was unjust in asserting that he "blundered" in his treatment of the case reported. Dr. Ehrmann is not a man who blunders in his work, and we can cheerfully exonerate him from all aspersions on his professional labors. Let us have peace.

Dr. H. M. LOGEE, M. D., of Oxford, Ohio, has presented to our ophthalmic clinic a fine set of eye instruments. The institution is worthy of further donations from its many friends.

A SECRET PILE REMEDY.—A number of men have been itinerating in Illinois and the adjacent states, treating hemorrhoids by a new method. The secret has been sold to various physicians and other persons, at prices varying from fifty to twelve hundred dollars, and some of the purchasers have left a good practice in the expectation of making a fortune traveling about and applying the remedy.

The first thing is to have a good hypodermic syringe, kept in perfect order, with sharp, delicate pipes. The fluid used is strong *Carbolic acid* dissolved in any bland, fixed oil. The proportions are nearly as follows:

R	Csystallized carbolic acid	3 iij.	
	Pure oil	f. 3 j.	M.

When the piles are internal, and not readily brought down a Sims' speculum is employed to uncover them. The operator generally takes only one pile at a time, always selecting the uppermost first, and then injects into its interior from four to six drops of the carbolized oil, or rather the oleizer *Carbolic acid*. The injection turns the pile white, probably coagulates the blood in its vessels, and results in its shrinking away without the inflammation being severe enough at any one time, as a general thing, to prevent the patient from attending to his business. The well known power of *Carbolic acid* to act as a local anæsthetic, antiphlogistic and anti-suppurative favors the progress.

Note.—A distinguished surgeon informs us that he uses *Acetic acid* with equally good results.

A NEW materia medica is announced by Prof. I. M. Goss, of the eclectic school. It is to be had on subscription of Geo. H. Field, M. D., St. Louis, at \$3.50. It will be published as soon as a sufficient number of responsible names can be procured.

FOR OUR part we couldn't live as it were without Scribner's Monthly. As for our babies, grown, half grown and otherwise, they prefer St. Nicholas to sweet milk. Long live the twain. But if they become much better—pshaw, they can't; they are perfection now. Scribner & Co. publish both.



T. P. WILSON, M. D., GENERAL EDITOR.

VOLUME IV. CINCINNATI, O., FEBRUARY, 1877. NUMBER 10.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, Cor. 7th & Mound, Cincinnati, O. Terms \$3.50 a year.

THE Moody and Sanky Tabernacle, of Chicago, is a curious thing. It is somewhat protean in form, or at least the cut of it is, for everything coming from that most marvelous city is decorated with it; and the cut is trimmed on the sides and cut away on the top or bottom as the procrustean necessities of the journals require, making it interchangeably wide, narrow, short or tall. But most curious is its effect on the reflective Chicago mind. One man looks at it with a religious eye as demonstrating the remarkable tendency of the human race toward piety, for what is true of Chicago is, of course, true of the whole world, and if Chicago should become converted, then the millennium would be an accomplished fact. Another with a philosophic turn beholds in it, or its results, a curious and unexampled phase of psychology; and he decants on nervous cords and ganglia or the laws of cerebral functions, going even into the moral aspects of the case as though the world never saw before so wonderful an exhibition of psychologic phenomena. The political, educational and agricultural journals have each their view of it, and each view is more wonderful than all the rest. Our view of it at this distance is that the whole question is one purely of economy; for since the cuts are furnished gratis, they

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can be used only in connection with appropriate remarks, and Chicago shows a peculiarly versatile and ready adaptability among its journalists to seize on every occasion that may be set off with a picture.

No You Don't.—Returning boards, it appears, are much in favor at the South, and are not confined to politics. Its successful operation in Louisiana induced the "regulars" in adjoining states to try it on in medicine, hoping in this way to secure the great state of Texas all to themselves; but as a "fair count" was insisted on, this manner of bull-dozing did not win; at which the "regulars" are very wroth, and much unhappiness prevails. For the past few years Homœopathy has been making rapid progress in the Lone Star State, much to the dismay of the "regulars," and how to check the devastation, which was to them worse than an army of Minnesota grass hoppers, was an all important question. They were not long in devising a way. The Louisiana returning board was a success—why not establish some such board under the name of examining board and in this way "count them out?" Good! It shall be done. So the legislature passed a bill, requiring that in each judicial district, the district judge should appoint three or more *regular* physicians of well known ability, who should constitute an "examining board," in the district for which they are appointed. The power vested in this board is supreme. All physicians are obliged to present themselves before it for examination and secure a certificate, or stand in the light of a "quack," subject to a severe penalty. The law was working its regular way until Judge TURNER, of Austin, appointed on the board two allopathic and one homœopathic (Dr. DORR) physicians. The community was not seriously disturbed, but it was a bomb shell in the ranks of the "regulars." They protested against the appointment, claiming that the law explicitly called for regulars, and then the appointment of a homœopathic physician on the board was a direct violation of law, and for them to serve with a homœopath would be a violation of medical ethics—it must not be. Judge TURNER, however, held to his appointment, claiming that the law was framed in the interest of all the people, and to secure that interest both schools should be represented. Says his Honor:

That the homœopathic physician is among us, and that many intelligent citizens desire their services, are facts that admit of no question. Shall we permit them to be driven out from among us and deprive such as desire their services from having them? It can be done under this law. When the board is organized it makes its own rules, and if they reject an applicant there can be no appeal; and if he dared to practice at all he would be daily liable to prosecution and to a fine of not less than fifty dollars. With boards actuated by a determination to rid the country of what you call irregular physicians

the machinery is perfect for ostracism on the one hand, and a perfect monopoly on the other.

It became evident that unless they accepted, not only one, but three homœopathic M. D.'s would fill the board, and they would be obliged to appear before them, which was a reverse not included in their calculations, so they submitted. The result will be that the law which was passed to ostracise the homœopath and force him out of the state will be repealed in order to relieve the "regulars" of their embarrassing position and to place them in keeping with medical ethics.

C. D. C.

AUSTIN, TEXAS, papers speak kindly of Dr. DORR, the newly appointed "homœopath" on the Austin medical board. There is peace in the capital now.

THE DISTINGUISHED editor of the Medical Investigator smiles upon his many readers in a lithographic counterfeit (or is it a wood cut?) in the December, fifteenth number, of his journal. It does not do justice to so fine a looking gentleman as Dr. DUNCAN really is.

NOT DEAD BUT MARRIED.—This is the fate of the American Journal of Homœopathic Materia Medica. It is joined in happy union with the Hahnemannian Monthly. Henceforth Philadelphia Homœopathy will have but one organ, and from that doubtless we will have the medical music of the future. Success to the happy pair.

Pathology and its Relations to Homœopathy. By Dr. Ad. Lippe, Philadelphia.

Pathology is that department of medicine which treats of the classification, causes, symptoms and physical signs of diseases, including their seat, the phenomena which precede them and follow them, their progress, their duration, the different forms in which they occur, their complications, and the changes to which they give rise in the solids and fluids of the body. It has been defined sick (diseased) physiology and physiology of disease.

There seems at present an opinion to gain ground that Hahnemann has not fairly valued this department of medicine, and that we should in these days treat pathology with greater consideration, and this opinion having been publicly expressed, has emboldened some so called homœopathists to demand that we should base our therapeutics on the diagnosis of the disease, and that the knowledge of progressed pathology will enable us to arrive at a reliable diagnosis. The object of this paper is to show that we now hold pathology in just the same esteem, occupy as a school just the same relations to pathology as Hahnemann did, and that as a school and as homœopathists, we never can hold any other relation to pathology than Hahnemann did. The first question arising is, "What relation did pathology occupy as a department of medicine according to the teachings of Hahnemann." We select for the sake of illustrating below, the fallacy of modern progressionists, and of the erring brethren who want to sport the physiological livery, the foot note to paragraph eighty-one of Hahnemann's Organon. He there says:

"Pathology has given rise to many misapplied and ambiguous names, each of which is applied to very different morbid conditions, often having but a single symptom in common, such as ague, jaundice, dropsy, consumption, leucorrhœa, hæmorrhoids, rheumatism apoplexy, convulsions, hysteria, hypochondriasis, melancholy, mania, croup, paralysis, etc., which are described as fixed, unvarying diseases, and treated by name according to an undeviating routine. Is it justifiable to base medicinal treatment on a mere name? Or, if it is otherwise, why is the same kind of treatment always predetermined by identical names. *Nihil sane in artem medicam pestiferum magis unquam irrepsit malum, quam generali quaedam nomina morbis imponere, iisque abitare velle generalem quandam medicinam*, says Huxham, whose tender conscientiousness deserves as much respect as his keen intellect (Op. Phys. Med. tom I.) In a similar manner Fritze complains (Annalen I, p. 80) 'that essentially different diseases are designated by one name.' Those general diseases even, which are undoubtedly propagated in each particular epidemic, by a pe-

cular kind of contagious matter of unknown nature, have names assigned them by the old school of medicine, as if they returned in the same well known and established form, such as hospital, dungeon, camp, putrid, bilious, nervous, mucous fevers; notwithstanding that each epidemic of these wandering fevers may always be distinguished as a different and new disease, never known before in precisely the same form, differing from others in its course, as well as in many of its prominent symptoms, and in its general features as exhibited for the time being. Each one is so unlike all other preceding epidemics, whatever their names, that it would be a violation of logical accuracy, if we were to attach one of these pathological terms to these heterogeneous disorders, and then treat them according to this misapplied name. This was already observed by the honest Sydenham, who insists (*Oper.*, cap 2, de Morb. Epid. p. 43) that no epidemic disease should be considered as having occurred before, or treated according to a method applied on a previous occasion, since all of them, regardless of the number of successive epidemics, were different from each other. *'Animum admirationis percellit, quam discolor et sui plane dissimilis morborum epidemicorum facies; quae tam aperta horum morborum diversitas tum propriis ac sibi peculiaribus symptomatis tum etiam medendi ratione, quam ha ab illis dispares sibi vindicant, satis illucescit. Ex quibus constat, morbos epidemicos, utut externa quantatenus specie et symptomatis aliquot utrisque pariter convenire paullo inconstantioribus videantur, re tamen ipsa, et bene adverteris animum, alienas esse admodum indolis et distare ut dera lupinis.'*

"From all this it becomes evident that these useless and inapplicable names of diseases should not be permitted to control the method of cure employed by a true physician, who knows that diseases are never to be discerned or cured according to the similarity of names which refer to single symptoms, but not in conformity with the totality of every symptom of the particular condition peculiar to each patient, whose suffering must be accurately investigated, but never hypothetically assumed."

What Hahnemann says in this foot note is just as true to-day, and will be true forever, as it was when he wrote it. Who among the practicing physicians has not found every word true? Have we not seen epidemics? Have they not perpetually changed in character, in symptoms, and has not every succeeding epidemic required also very different remedies from the previous one?

Dr. Carroll Dunham, in his address before the World's Homœopathic Convention, gives us his own views about pathology. Dr. D. says, (page 8:) "Pathology, which hardly existed as a positive science in Hahnemann's days, has been diligently elaborated by ingenious and exact experimentations, until to-day it holds no mean rank among the positive sciences of observation. Must we denounce it as Hahnemann did the pathology of his day? Can we not use it?" The premises offered by Dr. Dunham are not sustained by "facts!" It is an indisputable fact that the second edition of Prof. Schenlein's lectures on pathology were published just one year before Hahnemann published his fifth edition of the *Organon*. It is a fact that Schenlein gave us a very elaborate pathology, that he systematized diseases, that he was an ingenious and accurate observer, and had the rare gift to utilize his observations, and after classifying them he had the rare gift to communicate intelligently these classified deductions from his exact experimentations to others. His lectures give a clearer, more distinct view of the various forms of diseases than any work since written. It is, therefore, also a fact that the assertion that pathology hardly existed as a positive science in Hahnemann's day is "a mistake." It is, lastly, a fact that argument based on mistaken, erroneous premises will fall to the ground; can't be sustained. And when our learned friend asks, "Must we denounce it as Hahnemann did the pathology of his day?" we answer most emphatically, Yes. And our learned friend has finally denounced pathology in general, new and old, just as did Hahnemann, exactly in the same language and for exactly the same reasons, as we shall show below. In the meantime our learned friend tries his best to show the usefulness of progressive pathology,

and its usefulness for healing purposes. Our learned friend first incorporates into the department of pathology what is generally termed semiology, the science of symptoms. We are told then that, "Now, pathology, enables us thus to trace the relations of symptoms to each other, enables us in the first place to follow Hahnemann's advice more extensively than was practical in his own days, and discover the primary cause of a chronic disease, or discern the exciting or maintaining cause of the disease and take measures for its removal. Dr. Dunham contends that by modern pathology we are enabled to discover the primary cause of a chronic disease. As homœopaths we can never acknowledge the existence of a disease, much less will we be able to find the *prima causa* of any disease, acute or chronic, (vide Hahnemann's *Organon*, paragraph six and foot notes.) Modern pathology can no more explore the internal processes of life than Schenlein or any of Hahnemann's contemporaries were able to do. Nor need we humiliate ourselves and go to pathology for advice how to remove the *causa occasionalis*. I think our knowledge of drug action, which our learned friends in the physiological livery possess not, enables us very frequently to discover the *causa occasionalis*, and we might charitably have a little knowledge to spare for our erring brethern. (Vide Hahnemann's *Organon*, foot note to and paragraph seven.) When the routine observer is exhibited by our learned friend we fail to comprehend him fully. To our thinking it always appeared that the routine observer elicited just the nosological condition, that he was anxious to find out the form of disease, the disease itself, and in his routine practice prescribed just for that peculiar disease. For whooping cough he would give *Mephitis*, for yellow fever *Lachesis*, etc. Any one who will take the pains to closely follow Hahnemann's advice, and examine the sick as he suggests in his *Organon*, (paragraphs eighty-three to one hundred and four,) will never become a routine observer, and it will not be our fault if he has to be advised to go to pathology alone for instructions how to examine the sick. If so advised and admonished that it is an essential necessity for him to be able to fully and surely

discern pleurodynia from pleurisy, is it claimed that his full knowledge of the presence of the one or the other disease will guide him in finding the curative remedy? There are such modern homœopathists who claim that this knowledge of sick physiology is essential to the healer, that he, under the guise of Homœopathy will find in a purified *materia medica pura* just the remedy which has caused just the same disease, and he will assure us, and everybody else who knows no better, that that is the shorter, better and only safe route which will surely secure and assure a complete and quick cure.* Hahnemann has never expressed directly or by implication his opinion adverse to the knowledge of pathology or semiology or nosology, but he has strenuously and persistently condemned the deductions drawn by pathologists respecting the causes of diseases or how morbid manifestations of the organisms are created, how disease is created, and above all the attempt to be guided by such vague, erroneous speculations when trying to cure the sick. Hahnemann and his disciples have at all times accepted whatever reliable information can be obtained as to the history of diseases, accepted the interpretations of symptoms, provided they lead not into the old materialism. It is erroneous to claim that modern progressive pathology is not to the true healer full of the same absurd, useless materialism as former less advanced pathologists experienced themselves. It is all materialism, and it is our duty to ignore all materialism. It will be the province of Homœopathy to strip the pathology of our day from all materialism and vague speculations, in order to make it a respectable science of observation. And are we not likely to become better observers than our predecessors? Homœopathy has created a reliable *materia medica*, and were we to adopt this newly creative boon to erroneous pathology, would we not be guilty of a gross inconsistency to attempt to graft truth on error or error on truth?

When our learned friend composed the eighth, ninth and tenth pages of his address, we must charitably suppose that he was under the influence of Talleyrand's spirit, who is

*Vide *Medical Investigator*, Nov., 1876, page 408.

credited with having said, "Language was given us to disguise our thoughts," and whatever comfort our erring brethren who sport the physiological livery may have drawn from these pages, they must feel themselves sadly discomfited when they read further and find just exactly the same judgment pronounced against the ordinary abuse of pathology as pronounced by Hahnemann. Dr. Dunham says further, (and also having in this journal once before quoted his orthodox sentences, they are so very excellent, they are so entirely written in Hahnemann's spirit, that we may be pardoned in quoting them again.)

"But if diverting pathology from this, its legitimate function, the homœopathist constructs by its aid a theory of the essential nature of the disease, and a theory of the essential nature of drug effects, as that the one or the other depend on a plus or a minus of some blood constituents, or on such or such cell change, or on such or such structural lesion, and if he draws his indications for treatment from such a theory, he introduces into his therapeutics the same elements of hypothesis against which Hahnemann protested, and in so doing he diverges from Homœopathy to the blind uncertainty of the older therapeutics. Moreover, however well grounded his hypothesis may be, when he prescribes on the basis of pathological induction, or when he elects to regard one pathological modification of function or tissue as comprising the sum and substance of each and every case in which it is recognized, he necessarily prescribes for a class, and is unable to observe that strict individualization which is essential to a sound homœopathic prescription. This must always be the case. It is especially true in the present imperfect state of pathology, which has no way of accounting for the firm subjective symptoms that are so valuable to the individualizer."

Subscribing to every word of these excellent sentences, we now again ask the previous question, "Must we denounce it as Hahnemann did the pathology of his day?" As Hahnemann denounced it, just so did Dr. Dunham denounce it, just so it will forever be denounced by all true healers.

Great men are not vouchsafed to us often, they are not an every day's appearance. We had great, progressive and

honest men from time to time appear among the medical men at large, but such men of such greatness as was Hahnemann the world could never boast since the days of Hippocrates. And how little (not how much) progress has been made in the art of healing in these intervening years? If we carefully read Hippocrates' "Praenotionum Liber," we must be astonished how much he had observed, and when we compare it with the present works on semiology we will be astonished to find how little has been done during all these many long years. And when Hahnemann developed the principles of the new healing art, and showed the folly of basing the therapeutics of the old school on the uncertain speculations of pathology, when he showed the absurdities of the prevailing materialism, he could scarcely think it possible that any of his pretending followers would ever claim that this very materialism (to which he objected) would in later days be considered so far advanced that his objections to it would cease to be of any account. We hope to have shown that the relations of pathology to Homœopathy have not in the least changed, that they are to-day what Hahnemann showed them to be, that they will forever remain the same.

Modern Physiology. Its Process, and Aims. By J. D. Buck, M. D.

"The study of man can not be undertaken with any satisfaction, or carried on with any completeness, except through a previous study of the nature of which he is the present culmination. It is certainly not possible to enter the chamber of the mind without passing through the antechamber of the body; and we can not understand the body unless we under-

stand a good deal of the processes and laws of Nature which lie beneath biology."*

In few departments of human knowledge, certainly in no department of medical science, has there occurred so great a change within the past dozen years, both as regards methods of study and results attained, as in physiology.

While the array of facts newly discovered, in relation to organic function, would present no formidable array, a complete revolution in methods of study, has nevertheless thrown new light on many heretofore obscure processes, and enabled us to understand, in a general way at least, the character of organic change and vital activity.

Under former methods it was thought sufficient to know the general and microscopic anatomy of an organ, and the fact that it gave rise to certain secretions and performed certain functions.

The sum of physiological knowledge consists in an aggregation of facts, ascertained by experiments and observations, and accompanied by certain deductions and speculations. There was recognized no law of continuity or association; no system of co-ordination; no orderly connection with nature.

To conceive of the bodily structure as a "sum of vital unities" was a very great innovation of previous conceptions; and to conceive these vital unities as co-ordinated upon a plan uniform throughout nature, by the operation of a law as universal as that of gravitation, requires the re-adjustment of all our previous knowledge of physics and physiology. But when the cell is once looked upon as the primary factor, by association and modification of which living tissues are built and maintained, its genesis and natural history become matters of special interest.

In other words, when we undertake to examine living organized tissues, we are forced to make progress backwards, before making any progress forwards. Science undertakes to discover from what now is, that which has been, as well as to anticipate or discover that which shall be, and by compre-

*Prof. Maudsley's Introductory Address at University College. *Popular Science Monthly*, Jan. '77, p. 339.

hending the character of the change which has already occurred, to not only predict that which is to follow, but to look in directions likely to be found most fruitful of future results.

And all this through the recognition of the uniform action of natural law. While science does not contradict that grand assertion, "In the beginning God created," and while it humbly confesses total ignorance of that beginning, it reverently supplements the statement—God through nature is still creating; and by endeavoring to comprehend the creative processes now going on in nature, to understand that which has occurred in the past.

The genius of science, although an innovator, is nevertheless the interpreter and conservator of the past.

When the discovery was made through the aid of the microscope, of the elementary structure of living tissues, the substances of which these elements are composed, the conditions under which they arise, and the modification through which they pass, become matters of great interest. By examining successive crops of cells, their characteristic elements, (cell wall, cell contents and nucleus) were discovered to be after-developments of an originally homogeneous substance; and the origin and formation of this homogeneous substance becomes matter for special investigation. This substance is found to be immediately derived from the blood and the lymph.

The formation of the chyle corpuscles is traced directly to the mesenteric glands, and to be indistinguishable from the white blood corpuscles; and as the mesenteric glands are identical in structure with the lymphatic glands throughout the organism, it is agreed that their action in elaborating from nutritive material, this homogeneous substance, which by after development forms the tissue cells, is generally the same throughout.

In following backward our line of investigation, and having ascertained the theater of formation of these nutritive living elements, we next inquire from what materials, under what conditions, and by what mechanism do these chyle corpuscles appear.

In materials we find these corpuscles to belong to the class known as albuminoid bodies; we find the disappearance of fat and albumen from the lacteal fluid to be coincident with their formation.

The conditions under which they arise seems to be during the process of absorption from the intestinal tract, and throughout the lymphatic system; the lymph in the vasa efferentia is found to be far richer in these elements than that which is flowing toward the gland. If now we examine the structure of these glands we find them to consist of sacculated expansions of the lymphatic tube, and that aside from a granular pulp which they contain and which they are not known to discharge, they have no element to add to the materials which they receive, and from which these corpuscles must arise, and when we come to consider the character of the changes to which these materials have already been subjected, we see little in the function of the gland more than the elements of time (by retarding the flow) and space (through the expansion of the channel) for changes already begun to be completed.

If next we examine the contents of the digestive tract, we find the chyle to be an exceedingly complex material, varying greatly according to the character of the food, but rendered most complex by the material added to it during the process of digestion, and by chemical changes incident thereto. In order to appreciate the character of these changes we must begin with the prehension of food in the oral cavity.

Suppose the meal to consist of a soft boiled egg, a slice of bread and butter, and a glass of water. These substances are readily classified under three heads, taking Dalton's category of proximate principles:

First.	Second.	Third.
Water,	Starch.	Albumen.
Chloride of Sodium.	Sugar.	
Sulphur.	Fat.	
Phosphorus, etc.		

The necessity of some such classification will be more apparent when we seek the origin of these substances which enter the oral cavity as food.

During the process of digestion the greater portion of the water is absorbed directly into the blood vessels of the alimentary tract. The chloride of sodium is separated into hydro-chloric acid and soda, the former giving acidity to the gastric juice and the latter alkalinity, to the saliva bile, etc. Starch is converted into sugar, and sugar into lactic acid. Fat is emulsified by the pancreatic fluid, and albumen converted into albuminose. But tracing the progress of these substances individually fails to give us the true character of the change which is wrought upon them during the process of digestion. Some portion of all of these substances reach the absorbents, and appear in the lacteals, and afterward pass through the mesenteric glands, and all of them sooner or later appear in the circulation, reaching their destination by different routes.

The bread and butter and the egg are first masticated, broken down, triturated, and during this process the secretion of saliva takes place, and is mingled with the food. This secretion, while it acts as a solvent, is of an alkaline reaction, and contains the "organic ferment" known as ptyalin.

By experiment with saliva on different classes of proximate principles, it is found to act specifically on starch and sugar. Ptyalin is found to be an organic product formed of oxygen, hydrogen, carbon and nitrogen, and which acts on starch emulsions by catalysis, "*converting other substances into its own likeness.*" When the food augmented by the secretions of the mouth reaches the stomach, the gastric juice is added thereto: a fluid of acid reaction, having also an organic ferment, pepsine, acting on the third class of substances, albuminoid bodies, and raising them to its own level.

Without pursuing the subject of digestion further in detail, it may be easily seen that from the oral cavity to the lacteals, the character of the process to which the food is subjected is one which renders it more and more complex, by the addition of organic secretions, and which elevates it continually into the likeness of living substance by the catalytic action of the organic ferments, so that by the time it reaches the mesenteric glands, it has been so far elevated as to be ca-

pable of transformation into those nutritive elements, which are in their turn capable of being converted into living tissue. So closely do some of these vital elements resemble some of the lower organisms in structure and movements, when examined in the current of the circulation under the microscope as to be hardly distinguishable from them, though the conditions under which these phenomena occur differ very widely.

In the lymphatic glands then, we see the completion of that process of elaboration of the food, and the culmination of that process of elevation which gives rise to those relatively homogeneous elements, or cells, from which again the tissue cell is afterwards elaborated.

Still pursuing our way backwards, if we seek the origin of these substances taken as food, we shall find the first class to be inorganic substances the result of chemical formations, and the other two to be either vegetable or animal products.

The animal organism can not exist unless supplied with substances formed either by the vegetable kingdom or by some other animal, and inasmuch as the former products have been found to be entirely sufficient, we may drop the latter from our account. While then, the animal organism manifests higher functions, and elaborates more complex tissues than does the vegetable, the former is directly dependent upon the latter for its nutritive material, and in the natural order of development always follows and never precedes it. One race or species of animals may of course avoid vegetable food altogether and feed upon other animals to its entire extinction, and those upon whom they feed may have devoured all beneath them, and if the survival of the fittest or the strongest, or the most rapacious were so secured, without resort to plant life, the higher species would be compelled to feed upon each other, or become also extinct, and in either case, when pushed to the last analysis, it would be only a question of time, for animal life can not be sustained for a moment upon inorganic products, such as *Water*, *Carbonic acid* and *Ammonia*. Pursuing then, our retrograde analysis, we discover the "limit of the constructive chemistry" of animals to be, the power of elevating vegetable products into

the likeness of their own bodies, or transforming them into their own tissues. Having then discovered the immediate vegetable origin of the substances which go to form animal tissues, we next inquire, whence do vegetables derive these substances; upon what materials do plants feed? If under the stimulating action of sunlight, plants are supplied with *Water*, *Carbonic acid* and *Ammonia* they will grow, develop their tissue, seed, bud, blossom and bear fruit, according to the plan upon which they are created and modified by the circumstances with which they are surrounded, but they will as literally starve without these substances, as would animals with them alone and unmodified. No known animal can subsist on *Carbonic acid*, *Water* and *Ammonia*. If we analyze these substances, we find their essential elements to be oxygen, hydrogen, carbon and nitrogen, but plants can not subsist upon these uncombined elements, and so we discover the "limit of the constructive chemistry" of plants to be the binary compounds above named. Still going backwards, we inquire the origin of these binary compounds, and discover that they arise by inorganic chemical action, and that they are diffused throughout nature, entering into the formation of earth, sea and air, which constitute the world we inhabit. Here then, we have the order of nature building from below upward, from simple elements, to complex animal life. First is formed from elementary substances the binary compound capable of ministering to plant life. Second is formed from these, the organic substances of plants, binary and quaternary compounds, capable of being incorporated into living animal tissue; and as step by step, in regular order according to infinite plan and invariable law, the elements of nature have reached this complex condition, so step by step, through the progressive changes and complicating processes of the digestive tract, is the food still further elevated, till in form and quality it approaches the likeness of living tissue.

The form and quality of living tissue is not discerned in the elementary substances from which it springs, and which by analysis is derived from them. I have traced only the order of relations, and dependence of organized structures, while the

new or changed relations of elementary substances at every step develops the potency and quality implanted in them "*in the beginning*," and which makes them responsive to the creative fiat, under the laws by which they exist and move the ceaseless rounds of creative energy.

Theory and Practice.

Ovarian Tumor. Complicated with Ascites. By P. B. Hoyt, M. D., Paris, Ill.

Every practitioner will meet with cases of disease which will baffle all his skill and knowledge of materia medica, and though he may perfectly diagnose the case before him, and be well satisfied as to the causes of the disease, yet in the exhibition of the remedies, well, and as perfectly indicated as it may be possible for them to be, and well and fully tested in the practice of others, yet he will utterly fail to get the response he is looking for, and in ordinary cases which he is certain to obtain. I speak this with reference to homœopathic medicine (for it is a conceded fact that allopathic prescriptions are uncertain in their action.)

The case I am about to report was one of those desperate ones which awakens every feeling of sympathy, and which leads one to exhibit the remedies with the greatest degree of care and precision. The object I have in reporting it is to induce if possible a discussion, or at least some well written articles from some of our older and more experienced practitioners on this important disease and its complications.

Feb-2

I was called to see the wife of one of our most respectable citizens, on the evening of Sept. 8, 1876, and upon a careful examination found her in the following condition:

About six months previous to the above date she had given birth to twins, was very large towards the close of gestation. The foetal life of the children was very active, manifested by strong and continued motion, which towards the close of gestation several times caused a severe pain in the region of the right ovary and left lobe of the liver, causing some soreness, but always passing off in a short time. No untoward symptoms were manifested during child bed, from which she made a speedy recovery. She enjoyed usual good health till about two months ago. The first thing that attracted her attention was what she termed a tumor, situated in the right epigastric region, together with a small quantity of fluid further to the right. This at first excited some apprehension on her part, but on conversing with several ladies whom she supposed had been similarly affected, and being told by them that it would all pass away shortly, gave herself no uneasiness about it till the tumor had enlarged considerably, and the accumulation of water had extended to a large portion of the abdomen, and the discovery of another and larger tumor in the right hypogastric region. During the day and previous to my being called, an allopathic physician had examined her and pronounced it a case of ovarian tumors and ascites.

At the time I was called the abdomen was much distended, fully as large as at full term. My diagnosis, that there was ovarian tumors, one occupying the epigastric, the other the hypogastric region, the former being about four inches long by two and one half wide, somewhat compressed antero-posteriorly and attached to the ovary by a broad pedicle; the other was at least three times the size of the former and oval in form, its attachment to the ovary was much smaller; The ovary itself being also much indurated, being four times the usual size; the liver was much indurated, presenting a hard unyielding surface over its whole extent, and to this condition of the liver I attributed the dropsical effusion; she experienced but little pain at any time; there was suppres-

sion of the urine; with one exception she did not pass over a table spoonful at a time during the two weeks she was under my treatment, nor more than four or five times in twenty-four hours; dark brown color, and on standing till cold deposited light grey mucus and epithelial cells; no pain on urinating; bowels regular most of the time, only occasionally slight constipation; very little thirst, and little fever, appetite not very good; no headache; a gradual failing of strength; sometimes there is slight nausea, but no vomiting, no backache; has done her own house work, except washing.

Diagnosis: Induration of the left lobe of the liver, ovarian tumors and ascites, which embraces an obstruction of the chylopoetic circulation, which I interpreted to be the prime cause of the ascites. Prognosis decidedly unfavorable.

The accumulation of fluid in the abdomen has been very rapid, nearly all of which has manifested itself within the last two weeks. She is very much discouraged, expressing herself that she can not recover, but is willing and anxious to do all she can to get well, for the sake of her family.

Treatment: *Apoc. can.* tincture 20 gtt to one half tumbler water; dose two teaspoonfuls every hour.

Sept. 11. Gave to-day *Ars.* 3, morning, noon and night. Continued *Apoc. can.*

Sept. 12. The abdomen seems somewhat smaller and softer this morning, having passed considerable water during the night; feels a desire for food. To-day Dr. Elder, of Terre Haute, was called in consultation, who perfectly agreed with me in the foregoing diagnosis, and recommended *Apoc. can.* in appreciable doses, also *Ars.* or *Ars. iod.*

Sept. 13. Has passed a restless night and but little urine; abdomen more tense and evidently increasing in size. Prescribed *Ars. alb.* every two hours.

Sept. 14. Abdomen softer, though there has been no increase in the urinary discharges; was less restless last night. I had given two doses of *Bell.* for the restlessness and a frontal head ache the night previous; she is more cheerful this morning. Prescribed *Apoc. can.*, fifty drops in one-half tumbler of water; dose, two teaspoonfuls hourly.

Sept. 15. No improvement; abdomen more bloated. Prescribed *Apis. mel.* 2d, three grains every two hours.

Sept. 16. Still no improvement. Prescribed *Apos. can.* 20 gtt in one-half tumbler of water, *Apis. mel.* as above, alternately every two hours.

Sept. 17. No better. Prescribed *Hell. nig.* 1st, 15 gtt. in one-half tumbler of water every hour.

Sept. 18. Abdomen very tense and painful; some difficulty in breathing; a sensation as though band was drawn tight around the waist; a little nausea; no desire for food; restless. Prescribed *Nux v.* 3 in water, three doses. *Apis. mel.* every two hours. Her stomach revolts at the *Apos. can.*, discontinued it and gave *Hell. nig.* in its place.

Sept. 19. Very bad this morning, though the stomach symptoms are better; she is so full that she has great difficulty in breathing. Prescribed *Ars. iod.* 3d, three grains every two hours.

Sept. 21. There is so much oppression in breathing, and so much tensivity of the abdomen this morning that I determined to perform paracentesis, which was done at eleven o'clock. Took from her eleven quarts of sanious fluid, (I intended to have examined this fluid under the microscope, and otherwise, but it was thrown into the cess pool before I was aware of its being disposed of) after which the breathing was easy, and she slept with much comfort; awoke feeling rested and hungry; her food did not distress her.

Sept. 22. Seems better every way; is cheerful and hopeful; looks better than she has for two weeks; continued feeling very comfortable till about four o'clock p. m. Symptoms: Great pain and distress in the abdomen and stomach; sore all over the body; headache and nausea. These pains increased rapidly to such an extent that she was almost in a frenzy. Here I gave several remedies, but could get no response, and my patient was suffering so intensely that I gave a small dose of *Morphia sulph.* She remained comparatively comfortable under its effect for several hours. I saw no hope and left her for the night on *Ars. alb.* 3d, two grains every two hours.

Sept. 23. Symptoms: Abdomen filling rapidly; a tormenting thirst, with nausea; no vomiting; can not get water enough; burning heat on the surface; rapid hard pulse; hippocratic countenance; difficult breathing; head ache. Prescribed *Ac. nap.* 1st, 10 gtt in one-half glass of water. She grew rapidly worse all day; at about six o'clock she vomited about a quart of green glairy mucus and water; she was thus relieved of the distress in the stomach to a considerable degree, but she sank rapidly and at about eight o'clock death relieved her of her sufferings. In an hour after I drew off about six quarts of fluid like the first.

From external examination, after drawing off the fluid, I find that the whole liver is much indurated, and all the points of my previous diagnosis confirmed.

I wished to make a post mortem but could not obtain the consent of her husband. Thus ends a most trying and difficult case, one in which I felt how utterly helpless we sometimes find ourselves to be.

Poor Worms!

Well, well, it is too bad, the abuse that is heaped on those poor intestinal worms. This is what I thought when I read that short paragraph in the October number of the *ADVANCE* page 298, and December number page 398. I do not doubt that intestinal worms are guilty enough in many cases, and surely they were great sinners in the case the doctor has so kindly given us. But not every case that has picking and rubbing the nose, grinding the teeth in sleep, flushed face, and whitish urine, has worms. Every physician knows that in certain conditions of the gastro-enteric canal all these symptoms will manifest themselves, and not a worm nearer,

at least, than the next individual. It will not do to jump at conclusions too hastily. I happen to know something about Dr. Mullin's case, and am perfectly confident that there is not a worm about her.

I often think of an old lady I once knew. I have often met her at the bedside of a little patient, and no matter what the case was she would invariably ask me, "Now, Doctor, don't you think the child has worms? I have often seen just such cases, and when they had doctored for every thing else, they gave worm medicine, and the child got well right away." Knowing what I do I confess that I can not see any similarity in the case Dr. Mullins has given us, and the one related by Dr. G. M. O., though the Doctor has not given us a symptom to show "a similar train of symptoms." It is too much like the old lady above, she had "seen just such cases." In Dr. M.'s case, for nineteen months, during her pregnancy, and for nine months after, she had none of the "spells," as she calls them, but on losing her child, her nervous system was wrought up to the highest state of excitement, and behold the "spells" return. Dr. M. ought to have made a little closer examination, and learned how much the womb and ovaries may be connected in his case; but Dr. M. is a modest young man and may have felt some delicacy in asking some questions, or making certain examinations. Be that as it may, one thing is sure, she has a great deal of tenderness over the ovaries, and the "spells" always come when the uterus and ovaries are in a highly congested condition, viz: at the time of her monthly period, and she has been subject to them ever since the age of puberty. She is now gradually getting better. But I am not treating the case, and my object in writing is to protest against the loose way in which many of our clinical cases are reported. What care we for prescriptions made, because it is like this or that one? This savors too much of empiricism, and is of little use to a true homœopathic physician. I am reminded of an expression I heard the other day, and I am astonished the more, it having come from a professed homœopathic physician, viz: "That there is little difference between homœopaths and allopaths now-a-days."

Great Juno! Deliver us from this monstrosity! I did not so learn Homœopathy, and yet what better are we, if we prescribe for a given case because it presents a "similar train of symptoms?" Let this looseness in clinical reports be forever done away. No two cases are exactly alike; this makes it absolutely necessary for us to individualize each and every case that is presented to us. It is in this way that we shall do honor to Homœopathy, and in no other way. Ever remembering "to be ready to give a reason for the hope (prescription) that is within us; redeeming (saving) the time," by carefully complying the remedies of our *materia medica*, and thus assist nature to overcome diseases speedily.

PYTHAGORAS.

Emphysema. A Cure by *Naphthalin*. By Dr. von Grauvogle.
From *Der Allgemeine Homœopathische Zeitung*.
Translated by A. McNeil, M. D.

We again perceive that in all therapeutic undertakings we must keep in constant remembrance the unity of the organism; every kind of local treatment, also every *therapia*, a la Schussler, which is destitute of a scientific foundation, must be dispensed with; they can only have an empirical value, therefore, they can only have as accidental results an approximate importance for future cases.

On the other hand my beneficial results arise not only in the usual chronic emphysema, with bronchial catarrh, which exists in the lungs of buglers, but also in the emphysema, in consequence of the so-called bronchial asthma, without bronchial catarrh which arises from abnormal innervation of the vagus. The first of these cases was a lady twenty-one years old, mother of two children, whose thorax was constantly in the

condition of inspiration. It had been perceived in childhood that the number of her respirations was permanently much less than in health; every inspiration was prolonged to an extraordinary degree and continued much longer than the expiration. When I accepted this patient the respiratory movements amounted to only ten or twelve per minute, and every five or six minutes there was an intercurrent, deep sighing inspiration. The diaphragm very deep down and every three or four days without any apparent cause an attack of dyspnœa, accompanied by extreme oppression occurred, which returned at irregular intervals. These attacks a while ago returned every week, prior to that every month, every quarter, and even more rarely. Otherwise I could perceive no morbid symptoms. She menstruated regularly, only accompanied by violent movements of both arms and the upper part of the body in order to produce alleviation. Besides the attacks, there followed each of the before mentioned long drawn inspirations, an expiration so difficult, that she was continually tormented by the terrible sensation that she could not free herself from the inspired air, which caused her to be tired of life to the utmost degree. Yet at the expiration of a year's use of *Naphthalin* with increasing intervals, she was entirely cured. I did not intend to write a treatise on emphysema, but only to give to the practicing physician an example of what is to be understood by a function remedy, while I in speaking of enchondroma, clearly explained what a nutrition remedy is.

High Potencies Again. By R. S. Bishop, M. D., Medina, N. Y.

A medical journal, to my mind, is valuable or not, depending upon the amount of practical matter that it contains, and

therefore should not be made a channel through which to deal in personalities, or to wage a war of words, unless something may be eliminated of a practical nature. It is in the hope of meeting this test of requirements that I reply to "Student's" criticisms upon my article entitled "Experiences with High Potencies." I do not place this article before the medical reader, thinking that it will silence any one whose argument consists in crying "Quixotic delusions," or who can account for cures made with medicine by simply shouting, spontaneous recovery, but with the impression that there are other readers of this journal not represented by "Student" in his review of the article referred to.

That article was not the only one that has ever been written upon the subject of virtues in high potencies, neither does its author stand alone in his faith that there are times and places when such potencies exhibit wonderful curative power; neither was its evidence taken alone, expected to settle the question of the efficacy of potentized drugs. I had taken it for granted that those who read the pages of the *ADVANCE*, were too thoroughly familiarized with the absolutely established, and incontrovertible principles and powers of Homœopathy, to require any further argument in favor of potentizations, and my aim in that article was merely to put on record a few successful results that had followed the administration of high potencies, with no attempt to meet the old school argument of spontaneous cure, or as the student from Tiffin puts it, a Quixotic delusion. I should advise that "Student" to continue his studies and if after a few years more of investigation, he finds no other cause for the patient's recovery, after the administration of remedies given in accordance with the law of similars, than that founded upon coincidence, he will do justice to Homœopathy by withdrawing from her ranks, a reward which he can never give her by pretended belief in our law, but with no faith in her power. He seems particularly interested in the case of paralysis, and passes judgment at once that it was a delusion. Whether he pronounces the claims of the patient, and statements of his friends with regard to his condition at that time, a delusion, or wheth-

er he now thinks the man deluded in thinking himself recovered, whether he claims the deception as one upon my own mind, in thinking I did something for the patient, or upon themselves in supposing that he received medical treatment when he did not, which of these he refers to is left for conjecture. Supposing, however, that he refers to the treatment, we will review it.

He claims that *Nux vom.* neither high or low could cure the case, as it was not pathologically indicated, claiming that *Nux* acts only on the sentient nerves. Here apparently is a chance for him to study.

While I admit that the proper standpoint from which to view disease is pathology, and that a remedy homœopathically administered will cure a pathological condition that it will cause, I must at the same time claim that our science has not yet advanced to that degree of perfection, that the pathological action of even so well known a remedy as *Nux vom.* can be fully delineated, and should your correspondent from Tiffin attempt the work, he would find it hard to explain all the nervous symptoms in the pathogenesis of *Nux*, from its action on the sentient system only.

"Student" seems surprised that so much time was consumed in moving the patient's bowels, and, as he says, in ascertaining that *Nux* would not overcome the constipation, perhaps I should not have waited so long, either in recommending enemas or the administration of *Adeps* had I been there sooner. With reference to the condition of constipation, he certainly misapprehends me. I did not prescribe for the case on the allopathic basis, which he seems to favor, which is, the belly with a hole through it, but the pathology of the case, looking upon functional disturbances as wholly dependent upon organic lesions—at that I aimed with results recorded in first article.

I need not here enter into an argument of the merits of *Nux vom.* in constipation; it would be useless to ask your readers to listen to a discussion in favor of *Nux* for motor paralysis or constipation—I merely refer the would be critic to his text books.

With reference to the question, "What had *Adeps* to do with the case," I must again refer to our meager knowledge of the pathogenesis of drugs, and this one in particular as a potentized remedy. It has not yet been fully settled by those who use the remedy, how broad its sphere of action is. I have found it of use in cases of apparent want of secretion in the alimentary canal. As for instance in children where the stools are dry and hard, and in adults of sedentary habits, or in those of active life who are confined for a short time by sickness or otherwise, when the intestines have not received their accustomed amount of stimulus from exercise, but I think it has no influence over their nervous supply. I had relied upon *Nux* to take care of the paralysis, and finding that this alone was not all that was needed, I concluded that the confinement of a hard working farmer to his house for six months had occasioned the present secretory defect, and therefore experimented with *Adeps*, with the result I have given you, and I think I can safely answer his question by saying, that over paralysis *Adeps* had no control, but made a good temporary substitute for exercise.

With reference to "Student's" final question, "Is it of no importance to differentiate between a catarrhal and croupous pneumonia, etc.," I deem it of the utmost importance that a homœopathic practitioner be a careful diagnostician, and thorough pathologist, not only for prognosis, but as a matter of justice to Homœopathy. The mortality of catarrhal is far greater than that of croupous pneumonia, and were one to be treated for the other, we are doomed either to disappointment in the action of the remedies, or else we form false ideas of their power. As to treatment, the symptoms which guide us in our diagnosis between the two diseases, are the ones upon which to base our difference in prescription. When we are able to take a positive stand as to the action of drugs, and can say this drug effects this tissue in this way and in no other, and when we have no doubts about diagnosis, then it is possible that we can afford to set aside our symptomatology, and label our bottles with the names of the diseases for which they are specific, and not till then.

Perhaps some others of the readers of this journal may be under the impression that the cases reported are rare in experience with high potencies. Not at all. I am aware that this article has already reached too great length, but I can not refrain from giving a very hasty sketch of two more cases, plenty more can be added if necessary.

CASE I. May 13, 1876. A girl about eleven years of age, the history of which, as given by parents, was this: "Three months ago was taken with pneumonia, right lung; has been treated daily by an allopathic physician, who at this time pronounced her case hopeless, stating that she would soon die of phthisis." My examination revealed hepatization of the affected lung. *R Phos. cm.* This remedy was continued until about July 15th, when there seemed no need of further medication. Lung had resumed its normal condition.

CASE II. September 28, 1876. Lady about thirty years of age, said that about nine years ago she fell through a trap door in the floor and received an injury upon the head, (in the temporal region.) The blow seemed severe at the time, but from which she so far recovered as to resume her daily duties, with, however, a permanent headache, very severe, every few days. *R Arnica cm.* I saw no more of her until a few days since, when she told me, to use her own words, that "she felt the first dose of medicine go right to that spot in her head," that in a few days the pain was entirely relieved, and had remained so until this time.

I would suggest that any one who still feels inclined to sneer at these results obtained through high potencies, who occupy the ground that I did a few years ago upon this subject, a lack of faith through ignorance of their power, to such I offer the hint that the arguments "Quixotic delusions," "spontaneous recovery," "materialization of ignorance," etc., carry no weight against facts proven in results.

General Clinics.

CLINICAL CASES.—By E. W. Berridge, M. D.—CASE I.
Æthusa. September 8th, 1876, Miss H. had suffered nearly all day from constant throbbing pain in left forehead, temple, and side of head, relieved by pressure, and in the open air aggravated by walking; she felt as though she would like a band to be fastened tightly around her head. At ten p. m., I gave a dose of *Æthusa cynapium* 1000 (Jenichen.) In about twenty minutes the pain had quite gone, and did not return. The pain had never ceased thus in previous attacks. The remedy was selected thus from my mss Head Repertory, that is preparing for publication.

Left Forehead, throbbing.—*Acon.*, *æth.*, *ag-na.*, *anm.*, *can.*, *chi.*, *cro.*, *dph.*, *glo.*, *k-ca.*, *lpd.*, *megriz.*, *na-cl.*, *narth.*, *par.*, *sho.*, *s-x.*, *si-x.*, *smc.*, *sn.*, *so-d.*, *urg.*, *w-a.*, *w-s.*, *vr̄b.*

Left Temple, throbbing.—*Acon.*, *æth.*, *aga.*, *amm-cl.*, *arn.*, *ba-a.*, *ba-ca.*, *oit-c.*, *cot.*, *cyc.*, *glo.*, *hll.*, *hur.*, *hyp.*, *k-ca.*, *ly-b.*, *megriz.*, *n-x.*, *na-cl.*, *narth.*, *ner.*, *ox x.*, *p. pan.*, *ptv.*, *rhe.*, *sho.*, *s̄b-s.*, *smc.*, *sn.*, *so-t.æg.*, *spi.*, *spo.*, *tep.*, *w-s.*, *vr̄b.*, *zn.*, *zng.*

Left side of Head, throbbing.—*Æth.*, *amm-ca.*, *ba ca.*, *bar.*, *br.*, *ca-a.*, *ca-ca.*, *chi.*, *cn-sa.*, *cro.*, *cu.*, *glo.*, *klm.*, *ly-b.*, *my cl.*, *mgs-ar.*, *n-x.*, *na-ca.*, *na-cl.*, *p. pru l.*, *pru-sp.*, *smc.*, *spi.*, *str.*, *vr̄b.*

This reduces the list to *æth.*, *glo.*, *na-cl.*, *smc.*, *vr̄b.* Then relief by pressure seemed the most characteristic condition, and under that rubric my repertory gives left temple, throbbing, *Æth.* This medicine was accordingly given, with the above mentioned result. A professed homœopath, of the physiological school, to whom I mentioned this case, said he would have given *Belladonna*. But *Bell.* has not these symptoms. If the physiological school can give us better cures than the above, why do they not publish them?

CASE II, *Lachesis*. May 31, 1876. Yesterday evening erysipelas began close to the left side of nose, in a red, sore spot; then it became redder, and extended up and down the left

side of face. To-day it extends up as far as the left eye, and is dusky; she feels languid. I gave *Lachesis* mm (Boericke) every three hours.

June 1. Much better; face less dusky; is swelled. Repeat *Lachesis* every four hours.

June 2. Face paler, less swelled, itches. Repeat *Lachesis*.

June 3. Much better; face appears natural in spots; less swelling. Stop medicine.

June 6. Quite well.

This remedy was selected from Jahr's German Repertory, p. 1055, "erysipelas under left eye." In the face chapter of the Cypher Repertory, this symptom is omitted; indeed the cyphers for right and left side are almost entirely omitted in this chapter also.

CASE III. *Hepar*. A girl had a whitlow on right thumb. It began to pain her November 28. On December 5 matter began to form. On the night of December 7th the pain kept her awake. I saw her first on evening of 8th; there was in the palmar surface of the ungual phalanx of right thumb a whitlow; the skin was yellow and the matter could be seen and felt under it; there was throbbing and burning in whitlow, and she could not bear the weight of a poultice. *Hepar* 3000 (Jenichen) every four hours.

December 9. Had relief after second dose, slept better; in the evening very much better; throbbing gone, heat less; had pricking like a needle in it.

December 10. Evening, pain much less; has not discharged; skin over whitlow has become brown, and the touch showed that it contained fluid underneath; the swelling has extended lower down the phalanx. Stop medicine.

December 16. Hardly any pain; skin at end of thumb chocolate color and feels baggy. Afterwards an accidental blow opened the skin and a little discharge came from it.

This case shows that pus can be absorbed under homœopathic treatment, without discharging itself externally. I published a similar case in the first series of the American Journal of Homœopathic Materia Medica.

When the pain ceases first and the discharge, if any, follows, it is a cure; if the discharge precedes the relief of pain it is only a recovery, so far as that symptom is concerned.

CASE IV. *Causticum*. Pain in middle of spine, on swallowing, as the food goes down, as from a sharp crust there, sticking into it in an inward direction, (in rheumatic fever) was cured by a few doses of *Causticum* 6000 (Jenichen.) There was much relief after third dose; it was given every hour.—London, January, 1877.

CURES WITH ARSENICUM.—From Der Allgemeine Homœopathische Zeitung.—Translated by A. McNeil, M. D.—H. a school teacher, æt. thirty-six, melancholo-choleric temperament, a Swiss by birth, in early life healthy and powerful; had settled in late life in a low swampy region, where intermittents prevailed epidemically. From this time he was unhealthy and had suffered twice from inflammation of the lungs. A month ago he had scratched an itching vesicle on the tibia till it became sore; it took on erysipelatous inflammation, and the whole leg to the knee was swollen. After aromatic poultices, a malignant ulcer formed on the tibia which corroding, spread over the leg entirely below the knee; it secreted pus profusely, and was extremely painful. In consideration of the prevalent intermittent for which *Arsenicum* was specific, and well known homœopathic relation to ulcers, *Arsenicum* was chosen. Sugar of milk moistened with *Ars.* 30 was given. Soon after, urging to urinate, a loose discharge from the bowels, and frequent spitting of profuse saliva. Even on the next day the ulcer seemed better and began to heal; but on the ninth day the healing process seemed to be at a standstill. Another dose of *Ars.* 30 was administered. After this dose also occurred frequent urinating, loose stool, and salivation. The healing of the ulcer again progressed. In order to acquire certainty in regard to the peculiar effect of *Ars.* in this case, after a few days the patient received a blank powder of sugar of milk, but no effect followed. After another few days he received the third and last dose of *Ars.* Immediately the aggravation

occurred. After a few weeks the patient was discharged cured.—DR. DE VELENTI.

Barbara K., seventy-three years old, was bitten during the month of November in the calf of the right leg, from which a deep, stinking ulcer the size of a dollar, with green bottom and ichorous secretion. The areola was erysipelatously inflamed, and the entire leg was œdematously swollen; the patient complained of tearing pains which were aggravated by walking and external cold. *Arsenicum alb.* 6, gt j, a dose every four days. The ulcer to be dressed with *Unguent simp.* Discharged cured on January 2d, 1849.

A girl six years old who suffered with an ulcer resembling cancer, on the left half of the upper lip. It had already seized the soft parts upwards to the zygoma, and a considerable piece about the left corner of the mouth. In six weeks she was cured by *Arsenicum alb.* 3, a dose every eight days.—ALTOMYR.

A man sixty years old had suffered from an ulcer on the nose for several years. The ulcer was on the right wing of the nose, was about an inch long, and half an inch wide. It caused violent burning, stitching pains and formed every couple of days a thick, hard, black crust, which on falling off bled easily and secreted a fluid; the crust soon renewed itself. *Arsenicum alb.* 30 soon alleviated the pain, and after going still higher, the ulcer healed in four weeks. It left behind a deep but not suspicious scar.—BAMBERG.

CORRESPONDENCE—DAYTON, O., October 9, 1876.—I was radically opposed to Homœopathy until after I had been in practice some time. I was led to try a few of the remedies, the workings of which surprised me. I investigated the system, gave it an extended trial and was soundly converted. This is all that need be done to convert all our allopathic brethren, induce them to investigate our system of medicine and try our remedies.

We are having a good deal of intermittent fever and diphtheria, in our city. The intermittents are irregular in type and show a tendency to typhoid. *Aconite 2*, *Arsenicum 2*

China 1, *Ipecacuanha* 1, *Bryonia* 2, have proved successful in all my cases. So far the cases of diphtheria have not been severe. *Aconite* 1, early, followed by *Belladonna* 1, or 2, *Mercurius sol.* 2, or *Iodine* 2 and *Phytolacca* 2, as indicated have given good results. I apply *Glycerine* alone or medicated with *Phytolacca* or *Mercurius iod.* 2 to the throat with camel's hair pencil every two to four hours. During high fever and where there is much heat about the throat I use cold, wet compresses, and change them frequently. Later in the disease I have seen good results from fat pork cut in thin strips and applied to the throat under a strip of flannel.

I think it a mistake some of our profession are making, to attempt to cure all diseases, whether, organic, functional or mechanical with internal treatment alone. I greatly favor local treatment judiciously applied.

X. Y.

Miscellaneous.

"About Clinical Reports and Theories." By Prof. J. D. Buck,
M. D.

There is an old saying, Mr. Editor, which runs in this wise, "Love me; love my dog." I am well aware that those who have inscribed on their banners the word, advance, take very little stock in old sayings, and care very little for people's likes and dislikes. Nevertheless we all have our preferences, and somehow the theory and the man go together. "Pomp" says the ole massa, "where is the hoe?" "On the handle massa." "Where's the handle Pomp?" "With the hoe

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massa." "Well, Pomp, where are they both?" "Both togedder massa; 'peers you's mighty quistive dis mornin'." So, Mr. Editor, it seems to me, are men and their theories, they go together. Some men possess theories, some are possessed by theories. In the one case the theory is part of the man; in the other, the man is but part of a theory under which he staggers; he is overwhelmed by it, annihilated by it, and yet perhaps the poor theory is as much to be pitied as "an ulster overcoat staggering home at two o'clock of a rainy morning with a bull dozed young man." A hard task for an inanimate object in either case.

How many people really possess theories at all? To possess a theory one must, in the first place, take hold of it, mentally grasp it, comprehend it; and how few are able to take the first step, is evinced by the wholly contradictory statements of a theory made by its adherents. So when a man undertakes to advocate a theory by which he is possessed, and gets into deep water, and splashes about, he is apt to abuse as "land lubbers" all who say they "can not see it" just in that way, and finally a lot of bilge water is vomited out as fit nourishment for such stupid fish.

Now, Mr. Editor, my opinion just at present is, that any man who intelligently possesses a theory, and is not possessed by it, is neither overwhelmed on the one hand, or crammed into a nutshell on the other, but holds that theory subject to revision or substitution at any time. So long as he holds it he applies to it his mental strength and mental bias.

The essence of Homœopathy, or its core, or central idea, is unquestionably a great advance in therapeutics. It substitutes law for looseness, and to say the least, if it never cures, it never cripples. If the formula "*Similia Similibus Curantur*" expresses a law of nature, truthfully and accurately it must stand. Personally (though that is a matter of small interest to anybody else) I believe it to be a fair, and at least, approximate statement of one of nature's laws, but I do not believe it to be the only, or necessarily the best statement, nor do I believe its significance, or applications, or interpretation have as yet been even outlined.

At the advent of Homœopathy, people had been accustomed from time immemorial, almost, to administer drugs for the cure of disease, and down to the present time, Homœopathy has done little more than to modify other systems of drugging, changing the indiscriminately large doses to the discriminately small, or in other words, large doses prescribed by "guess" to small doses prescribed by law. The good which through this modification of drugging has resulted to mankind, is simply inestimable, but it may be questioned whether drugging in any form is necessary, nor does it necessarily follow if no medicines are given that nothing else should be done to arrest the progress of disease.

In the present condition of knowledge I do not think the time has come when the use of drugs can be banished, although if an edict to this effect could be made to apply to all classes and conditions of men, the result would, no doubt, prolong human life.

To know the cause and prevention of disease is the highest office of the physician. No doubt most diseases classified as curable are also preventable, and it is not certain those forms of disease like scirrhus and tuberculosis, which baffle our efforts at cure or removal, when once present, may not eventually be altogether prevented.

Even with our boasted law of cure, and in the face of all the good which it has wrought to the human race, preventing no doubt the invasion of disease in many cases, and reducing the rate of mortality in nearly all, we are nevertheless often powerless to arrest the process of dissolution and premature decay. Who is there among us, with the record of a single year's busy rounds, who has not confessed that he was powerless when called to help? Who has not felt that helpfulness in such cases meant simply more knowledge, knowledge which he, as a professed healer, ought to possess? and who has not solaced himself and the anxious friends of the patient with the thought that he had been able to do as well, and no worse than others of like professions? "Human skill has done its best." Is there human skill ever to do any better? I answer never so long as we are possessed by our theories, so long

as we are chattels and slaves, bellowing like serfs for the tyrant whose foot is on our necks. If however our theories are possessed by us, as servants to do our bidding; as not too sacred to be criticised, censured, cuffed or kicked out, when found unworthy, then is there hope for the future progress of the healing art.

Your correspondent in the December number, than whom no man deserves higher regard for qualities of head and heart, evidently fails to comprehend my meaning when he quotes only the last half of my proposition. This may be the fault of the semi-colon, or the construction of the sentence may be at fault, and, *sub rosa*, Mr. Editor, the proposition may be untrue, I think, however, taken with the context, it is a fair statement. Both disease and drugs act in and upon the organism. Masked as are all such subjective impressions I do not see how we are ever to know just what is going on within. Certain it is that there is no "common ground" in which all agree as to the precise change taking place, where we can only examine the changed or changing condition by arresting it, so in theories, and results of such examinations there has been discovered "no common ground."

But regarding objective impressions, "results" or symptoms, they meet the eye, are recognized, and as simple factors are indisputable. Here then is "common ground" recognized by all schools of medicine, as factors of disease, whether made the basis of drugging or not. Now recognizing Homœopathy as a system of therapeutics having as a central idea its law; it seemed to me essential that its statements should be as simple and uncomplicated as possible; and that "common ground" should be recognized if it really exist. If there is no such common ground in Homœopathy, then is all medical knowledge and practice still to my mind empiricism, and nothing else; every man going his own gait, and disease and death getting the most and best, and finally all. When disease is defined as the totality of symptoms the objective factors are generally understood as alone entering into the count, though there is claimed a mental reservation which includes the subjective impression. Disease and symptoms

may or may not be separable, like the elements of Pompy's hoe. I am inclined to think that if we were skillful enough, we could detect the natural objective expression of every disturbed function or tissue, and I am not ready to admit that the symptom is invariably "the result of disease" At any rate, what we regard now as a symptom is itself a condition of function or tissue, which in its turn may be the cause of other symptoms, in the natural sequence of phenomena. No doubt that estimate of disease is imperfect, which leaves out of account either the subjective or objective impression, but so far as Homœopathy deals in drugs it unquestionably bases its application principally on symptoms, objective manifestations. And the inference is fair in many cases that the drug meets also the subjective condition, where no external manifestation recurs. Let us stick to the motto, *In certis unitas; in dubis libertas; in omnibus charitas.*

It is high time that we take account of stock. Of what are we certain? Our shelves are "lumbered up" with a lot of stock which is out of date. Let us sell to the highest bidder and pocket the net result, or go West among the aborigines who will regard our old trash as good as new. But if we are to assort or sift our stock let us use discrimination. Some antique gems outshine all that modern art has produced, and old truths can not be harmed by resetting and polishing. While some of us are quarreling over the cut of our professional coat, or whether we should part our professional name in the middle, the world moves, and disease is being cured more speedily, more certainly and more effectually than by pills or "potency." I know this is rank heresy, but people will not long hesitate between that process which "melts down" a morbid or malignant growth, eradicates tubercle, arrests gangrene and hemorrhage, and removes pain almost instantly, and that "inscrutable decree," which has so long and so often served as a scape goat for the ignorance and powerlessness of professed healers.

To be orthodox and respectable in one's profession is no doubt a sweet unction to some souls, but there are nevertheless currents in the most stagnant pools, and motion and

change even in the "everlasting hills," and whether we float with the sleepy tide, or breast the stream, pulling with might and main toward the fountain head, whether we move upward or downward, whether we prefer the dash and music of the mountain stream, or the sleepy hollows where the waters darken and stagnate as they revolve in narrowing eddies—motion and progress is the order of nature, Nature's "marching orders," The rogues, the sick and wounded, march to the rear, the valiant rest on arms, sleepless and vigilant, while others are assigned to picket and skirmish duty. "Who goes there?" The countersign of yesterday is not that of to-day; beware how you say "shibboleth" for many perish at the ford. Let only him who hath weak knees and a slavish tongue tremble, and let the valiant fight for the truth—old or new—forever full of youth and inspiration.

Text and Comment. By Lewis Barnes, M. D.

The text or occasion of the remarks I propose to make, is the following card :

NEW YORK, December 6.

DEAR DOCTOR :—Please give me your authority for your quotations from Hahnemann in the December number of the *ADVANCE*. My copy of the "Organon" and "Chronic Diseases" give just the reverse of your statements. I think as Hahnemann is the only authority as to what Homœopathy is, chapter, paragraph and line should be always given with a quotation. Yours truly,

S. SWAN.

13 West 38th street.

COMMENT:—My article in the December No. of the *ADVANCE*, contains no professed quotations from the language of Hahnemann. But suppose it did without giving "chapter, para-

graph and line," where would be the impropriety? The most devout Christians often feel justifiable in quoting from the Bible without giving chapter and verse. Why should Hahnemann be considered more sacred?

But my article contains two points of statement with regard to what I claimed as the doctrine of Hahnemann. The truth of these is denied. My monitor declares, indeed, that his copy "says just the reverse" of my statements. Ah! And why has he not given "chapter, paragraph and line?" Why not follow the rule he prescribed for me? I should say nothing further until this is done, were it not that the spirit of truth and progress appears to call for something more on the points to which I referred.

First. My first statement was in the form of a question. Thus: "Did he, according to the Hahnemannian method, carefully note all the symptoms of disease, and cover them with characteristic symptoms of the drug?" It seems to be denied that such was the method. Is it really necessary to establish this by special references? If the reader thinks it is, he may refer to the *Organon*, paragraph eighteen, and read "that the totality of symptoms in each individual case of disease, can be the only indication to guide us in the selection of a remedy," and in seventy-fifth, that "the totality of symptoms of a natural disease, is combatted by a medicine in commensurate dose, capable of creating in a healthy body, symptoms most similar to the natural disease;" and in one hundred and forty-seven, "a drug * * whose symptoms present the greatest degree of similitude with the totality of symptoms of a given natural disease, will be most suitable;" and in one hundred and fifty-three, that the search "consists in the comparison of the totality of the symptoms of the natural disease with the lists of symptoms of our tested drugs."

It would be hard to conceive that any one should deny that such is the doctrine of Homœopathy, were it not that a popular theory (key note) requires the denial.

Second. My second reference is this: "Hahnemann's explanation presupposes antagonism, the drug overpowering

the disease and turning it out." This language is very brief and comprehensive, but is it not essentially a true statement? In the Organon, paragraph forty-five, it is said that "two diseases * * will always extinguish each other, when they meet in the organism; the stronger will overcome the weaker one; * * the superadded morbid potency, on account of its similitude of effect will take possession chiefly of the same parts in the organism hitherto effected by the weaker." If it "overcomes" and "takes possession," how does the drug (disease) differ from "overpowering" and "turning out" as I had it? Turn to paragraph one hundred and forty-eight: "This (the artificial disease excited by a medicine) will now occupy the place hitherto held by the natural morbid process, * * vital power is liberated from the natural disease, and is occupied alone with the stronger and similar drug disease." This is after that natural disease has been overcome. And now since the drug disease is "stronger," and has got possession, how is it to be put out? The answer is, that it "is sufficiently tractable to allow itself to be overcome by the increased energy of the vital force," and thus to "leave the body free from disease." Very kind of it surely, since it might stay if it would, being stronger than the natural disease, which the vitality could not expect. But is it true? Are drug diseases so tractable? The *Opium* habit for instance? Are any artificial diseases stronger than natural ones?

I need not quote further to show that I did not mistake Hahnemann's explanation of his method. Let it be remarked, however, that the method itself may be true, although he may have failed to explain it.

But the most noteworthy item in Dr. Swan's card, and which more than any thing else induces me to respond before the profession at large, is the last statement that "Hahnemann is the only authority as to what Homœopathy is." The idea prevails quite extensively. It is put forth in our journals continually as if it were a simple axiom. Did he not discover and unfold it? Did he not, therefore know all about it? Who will pretend to question any of his conclu-

sions or add any thing? Suppose we try the logic. Harvey discovered the circulation of the blood. Who dares question any of his views in relation to it? Jenner discovered vaccination. Who will dispute that he is the only authority with regard to its nature or mode of action?

Hahnemann was a noble pioneer, far ahead of his time, but it does not follow that he was ahead of all time. He was a good example of progress, but progress did not die with him. Nor was he infallible in medicine. Discoverers are apt to leave many things crude or imperfect, and there seems to be no reason for regarding him as an exception. The days of manworship are over, at least with some people. We should be thankful for all that any man has helped us to see and learn, and should give him due honor, but we must not be told that nothing more is to be learned in the same field of observation, and that no errors are to be exposed. We are not even bound to admit that any man is wiser and greater than some who may come after him. Let every man look into the teaching of those who are considered wise, and then ponder in his heart whether the things taught are so. O that we had more thinkers, notwithstanding the fact that they have been regarded as dangerous! Would that every physician might think over his cases in practice, without relying entirely upon the previous thinking of some one else! Let him think in the light of all he has been able to learn, but let him think independently.

Conditions of Successful Scientific Work.

One hears a good deal talked nowadays of scientific research, and among it a good deal of what I can not but think mischievous nonsense about the peculiar powers required by scientific investigators. To listen to many, one would sup-

pose that the faculty of adding anything whatever to natural knowledge was one possessed by extremely few persons. I believe, on the contrary, that any man possessed of average ability and somewhat more than average perseverance, is capable, if he will, of doing good original scientific work. Any hard working and commonly intelligent man, who likes his profession, will make a good soldier, or lawyer, or doctor, though that combination of powers which makes the great general, or the great jurist, or the great physician, is given to but few.

So it is with the pursuit of Science: assuredly not every one of her followers, very probably not one among us now present, will become a Linnæus, or a Cuvier, or an Agassiz. It may not be given to any of us to make some brilliant discovery, or to first expound some illuminating generalization; but we can, each and all, if we will, do good and valuable work in elucidating the details of various branches of knowledge. All that is needed for such work, besides some leisure, intelligence, and common sense (and the more of each the better), is undaunted perseverance and absolute truthfulness; a perseverance unabated by failure after failure, and a truthfulness incapable of the least perversion (either by way of omission or commission) in the description of an observation or of an experiment, or of the least reluctance to acknowledge an error once it is found to have been made. Moreover, this love of truth must extend to a constant searching and inquisition of the mind, with the perpetual endeavor to keep inferences from observation or experiment unbiased, so far as may be, by natural predilections or favorite theories. Perfect success in such an endeavor is, perhaps, unattainable, but the scientific worker must ever strive after it; theories are necessary to guide and systematize his work, and to lead to its prosecution in new directions, but they must be servants, and not masters. I may, perhaps, seem to be insisting at too great length on a self-evident point; but the more one knows of scientific work and workers, the more does one realize the importance and the difficulty of attaining a perfectly balanced mind and of arriving at an unprejudiced deduction from observation.—*Popular Science Monthly*.

Book Notices.

On Coughs, Consumption and Diet in Disease. By Horace Dobell, M. D., D. G. Brinton, Publisher, Philadelphia.

This work is peculiar in two respects. First, it is a collection of extracts from the various writings of Dr. Horace Dobell, the eminent physician of London. The extracts are so arranged as to make a connected discussion of the subject of cough and consumption, and will no doubt astonish the author at the new relations assumed by his words and sentences. But for the statement made in the preface the reader would never suspect he was engaged in studying a mosaic work, a work made of so many parts. In the second place there is an apparent incongruity in appending to the foregoing a discussion of Diet in Disease. It looks at first glance like padding to make the book swell out to reasonable proportions. This does not in this instance detract from the value of the work. Every part of it is full of interest, and we have read it with special pleasure. We have often been half inclined to collect and arrange a large amount of facts coming under our own observation, showing the relation that exists between morbid conditions of the ear and certain coughs. Dr. Dobell, at page ninety-nine presents the clearest description of this matter that we have yet seen.

Lastly, there is a cough caused by irritation of the auditory canal—and that only in some people—to which I have given the name of ear-cough. I should not have presumed to name it were I not pretty sure that this kind of cough has hitherto escaped description, and even recognition in our text-books. And this fact is the more singular, inasmuch as the sympathy between the auditory canal and the larynx was well known to the older writers, although lost sight of by modern authors. This kind of cough has doubtless been confounded, up to a very recent period, with nervous cough, which occurs in persons of highly nervous temperament, and is due to a convulsive action of the throat muscles; or else it has been included in that terra incognita of idiopathic coughs.

Then follows further illustrations for which we have no space. The chapter on Diet is altogether too brief, but it is quite unequalled in the amount of condensed information it contains. This work is for sale by Robert Clarke & Co.

Encyclopedia of Pure Materia Medica, etc. By T. F. Allen, A. M.
M. D. Vol. IV. Boericke & Tafel, New York.

The contents of this volume extend from *Cundurango* to *Hydrocotyle*, and is uniform in size with its predecessors. We frankly confess to a growing likeness for this work, and are satisfied that in the hands of its able editor and his assistants, it will prove the *opus magnum* of the homœopathic school for the present century. The task that is being accomplished in the production of this work will hardly be appreciated by any one not immediately conversant with the method of its creation. But it will be better seen when the splendid volumes are finished and grouped on the shelves of our library. It will not be long, with the present rate of issue, before the entire work is completed. For this we are increasingly anxious, as cases are constantly arising in which we have need for references which can only be supplied by these books. Familiarity with the use of the four volumes with which we are already supplied, has created a taste for their use which we do not care to lose. We take pleasure in anticipating the time when our school will have a *materia medica* worthy the years of labor we have spent in this department of medicine. And so we have a warm side for this great work, and we are glad to know the profession is alive to its true interests, in a liberal maintenance of it. For sale by the pharmacies.

Repertory to the New Remedies. Based Upon, and Designed to Accompany Hale's Special Symptomatology and Therapeutics. By C. P. Hart, M. D. Boericke & Tafel.

The writings of Dr. Hale, deservedly or otherwise, hold a high position in the greater part of the homœopathic school. It would be difficult to estimate their value from what is asserted of them, for on the one hand they are greatly lauded, and on the other they are correspondingly depreciated. But if by continuance under the strongest opposition, and growth in spite of adverse criticism is any test of virtue, there must be a deal of it in Dr. Hale's works. Allowing, as we must, that the new remedies are bound to hold their place in the medical literature of the day, we can not help giving a hand of welcome to this little book offered by Dr. Hart. To one who proposes to consult Dr. Hale, this is the key that will quickly unlock the treasured symptom. The book is well gotten up, and will prove to many practitioners of great usefulness. Dr. Hart requests us to say that Dr. Neidham did not prepare the fever section as stated in the preface. The work was done by Dr. Rembaugh. Dr. Hale himself pre-

pared the section on the heart. Dr. Woodyatt the one on the eye and ear, and Dr. Delamater the urinary section. We commend the book as worthy a place in any physician's library. For sale at the pharmacies.

The Electric Bath: Its Medical Uses, Effects and Appliances. By Geo. M. Schweig, M. D. G. P. Putnam's Sons, New York.

The hold which electricity has upon the medical profession, as an accepted therapeutic agent is unmistakable. It may be said of late to be growing in the frequency of its applications. And while many of the absurd claims set up for it by its indiscreet friends (?) have not been made good, it is still true that its proper use is becoming daily more clearly defined. The writer of this little work of only one hundred and thirty-four pages, confines himself to the description of the electric bath and indicates the conditions of its usefulness, giving also numerous instances of its beneficial results. The instruments used are "the tub, the electrodes, and connections, the water, chemicals," and "the batteries." These are carefully described, and the mode of using them explained. The book is modest in its claims, quite unpretending and so plain that any one familiar with the elementary facts of electricity can easily understand it. For sale by Robert Clarke & Co. Price \$1.00.

Cyclopædia of the Practice of Medicine. Edited by Dr. H. von Ziemssen. Wm. Wood & Co., New York.

For some time past, physicians, both of this country and abroad, have felt the need of a work, or series of works, which should furnish a complete picture of the present state of medical knowledge in the department of etiology, pathology and treatment. The ordinary text books do not supply this want, and the busy practitioner can not afford to spend either time or money upon the scores of monographs which are constantly being published. A series of treatises, however, written by men who are skilled in the different departments of medicine, and published in such a form as to make, when completed, a compendium of reference, would meet in great measure this demand. Such is the character of the work which has been begun in Germany and which is now being published in the English language. A glance at the nine beautiful volumes that now grace our editorial library will make any one not a possessor of them envious of our possessions. This work is for sale by Robert Clarke & Co., Cincinnati.

The Homœopathic Visiting List and Pocket Repertory. By Robert Faulkner, M. D. Boericke & Tafel, New York.

It was purely an oversight that we did not notice this excellent little work last month. Most physicians like to start off with the beginning of the year with a new book. However, this book is adapted to any date, and will be found quite indispensable to one accustomed to its use. It will, if properly used, save many dollars in the facility it offers to the physician, for making his entries on the spot, whether at his office or elsewhere.

Editor's Table.

DON'T FAIL TO LOOK AT OUR ADVERTISEMENTS AND BOOK NOTICES.

THE New England Medical Gazette is musically inclined. Two months ago it entertained its readers with, *The Song of the Dying Swan*. It threatened immediate suicide or death from inanition. Last month it revived sufficiently to say that so long as it lived it would not descend to jokes and editorial poetry, à la contemporaneous journals. Good! The Gazette shall play the heavy parts in our great drama—say old man or woman, and some one else will do the comedy. The latter is quite indispensable, and the Gazette must put up with it patiently.

ACCORDING to the report of the Buffalo Courier, W. Irving Thayer, D. D. S., read a paper on the Development and Nutrition of the Truth, before the New York State Homœopathic Society, at its recent meeting in that city. No doubt the subject needed elucidation before that association, and the doctor had a fine opportunity to make it clear that

he had cut his *dens sapientiae*, but he would have done better to confine himself to the subject of *Teeth*, which we are inclined to think he did, the *Courier* to the contrary notwithstanding.

THE HOMŒOPATHIC PELLET, flying the flag *Similia Similibus Curantur*, is out at San Antonio, Texas. The editor is C. E. Fisher, M. D., one of the live Pulte boys. He has expended a great deal of vim on his first number, and we trust it has not exhausted his whole nervous force on it. The battle is a long one and the initial onslaught should not draw on the reserved force. A steady fire is the thing desired. Success to the enterprise.

THE Ohio Medical and Surgical Reporter is out in a new overcoat. Cleveland is a cold city, as is well known, but the Reporter is always hot inside. The texture of that coat is fine, but the figure of the goods is not artistic. *Es ist nicht schon*.

Circular.

DEAR DOCTOR:—It has been thought advisable to unite the Western Academy of Homœopathy, and the Indiana Institute of Homœopathy in one grand meeting, on the 29th, 30th and 31st of May next, at Indianapolis, in hope that a concentration of effort may be productive of a much larger amount of good to the members and profession generally, than if either met alone at its respective time and place.

Articles from some of the ablest minds in the profession, in this country and Europe, will be read, and the discussions which can not be otherwise than of great practical value to all who are fortunate enough to listen to them.

The various departments are composed of physicians who are well qualified for the positions assigned to them, and their well known zeal and earnestness are a sufficient guarantee that they will bring before the convention a large amount of practical matter, just such as is needed in the daily routine of professional life. Every effort will be made to make the

meeting one of the best ever held in the West, and it is hoped you will be present. Contributions of articles will be thankfully received.

S. B. PARSONS, M. D., St. Louis, Mo.

Pres. West. Acad. Homœopathy.

W. L. BREYFOGLE, M. D., Louisville, Ky.,

Pres. Ind. Inst. Homœopathy.

MR. L. H. WITTE's Triturator, a cut of which was given in our last number, is destined to supersede all other modes of making triturations, as by this method alone the utmost perfection in grinding can be reached.

"WE KNOW not how many Saviors each generation loses, what noble champions of humanity, what antagonists of fraud, violence and superstition may lie confined in small graves, which only the mother remembers."

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J. P. GIFFERT, PR.



T. P. WILSON, M. D., GENERAL EDITOR.

VOLUME IV. CINCINNATI, O., MARCH, 1877. NUMBER 11.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, Cor. 7th & Mound, Cincinnati, O. Terms \$2.50 a year.

HOYNE'S CLINICAL THERAPEUTICS.—The unexpected advent of this first part gave us a pleasant surprise. No one can fail to be agreeably struck with its appearance. Its look is certainly inviting, and this much we are glad to say in its favor, for there are so many books of undoubted value, which are in their typography the reverse of attractive. The plan of the work is in some respects excellent, and in others open to serious objection. Under each remedy there is a classification of diseases, and the indications for the remedy, and clinical cases to correspond. These latter are taken as found scattered through the literature of our school. To a majority of our practitioners, relying as they still do upon our nosological arrangement of diseases, this will be found a very useful plan. But for a work of ready reference there is unfortunately no alphabetical arrangement of drugs or disease. It is a pity the better judgment of the author had not overcome for once his penchant for "grouping" his remedies. Dr. Hoyne's fanciful classification of remedies may do good service in the lecture room which he has so long adorned, but it is wholly out of place in a book of this sort. But on his publishers had to abandon this identical objectional feature in his ma-

teria medica, and his second edition was every way more acceptable. Dr. Hoyne should arrange both his remedies and his nosology alphabetically, simply on the ground of greater accessibility to the matter contained in his work. Think of it, you want *Nux vom.*, and there are eleven parts to hunt through—1200 pages—before you may chance to stumble on the thing wanted! You want to consult *Bell.* for *hepatic affections*. The liver is in the middle of the body, and this section you want is in the middle of the chapter. Admirable! Quite scientific in fact! *Leucorrhœa* you will find lower down of course. General diseases, such as fevers, are in a general jumble at the 'foot of the chapter. With the subject matter we can find little that is open to criticism. If the first part is a fair sample of what is to follow, then the whole work will not represent, as it might, the current literature of the day, as impressed by the labors of many of our best men. And this is in part accounted for by the fact that, if it did this, to a much larger extent than it does, it would simply have to be a larger work. But then the author on a few points is evidently biased by party or personal feeling. He evidently doesn't forget that he lives in Chicago, and it doesn't need the advertisement of the college on the cover to show us to which of the Chicago parties he belongs. For instance, Dr. C. H. Vilas, a worthy and promising gentleman is quoted ten times in the six remedies discussed in this first part. Page three:

Dr. C. H. Vilas, of Chicago, (street and number not given) recommends *Aconite* in the beginning of all inflammation of the conjunctiva, cornea or iris. He says it will be found valuable when the ciliary circle becomes implicated in inflammatory troubles, and to control inflammatory reaction after surgical operations.

Well now this is very absurd. If Dr. Vilas had been quoted as recommending *Sulphur* for itch he would have been equally for that entitled to honorable mention. Just below we find, "Dr. Geo. S. Norton recommends *Aconite* for ulcers of the cornea from traumatic causes." Why not "Dr. Geo. S. Norton, of New York?" Page twenty: "Dr. C. H. Vilas, professor of diseases of eye and ear, Hahnemann Medical College, Chicago, says," etc. Page seventy: "Dr. C. H. Vilas, eye and ear surgeon to the Hahnemann Hospital, Chicago, says," etc. Titles of this sort are not profusely scattered through the work, and one would think Dr. Vilas' opinion entitled to peculiar mention and of special weight. Besides this, no mention at all is made of the labor of even gentlemen living in Chicago, who are entitled on all grounds to precedence of Dr. Vilas, and out rank him in age and experience. It is no offense to Dr. V. to say that his friend rather overdoes him, and he verges on the ridiculous. There we have worked hard to say something severe of Dr. Hoyne's work. If nothing worse can be said it will un-

doubtedly survive criticism, and become as it deserves the most useful and popular work yet issued by any author in our school. The idea is a grand one. The profession are greatly in need of "Clinical Therapeutics." We are interested in having just such a work gotten out that shall be as free of defects as possible. Every reader of this journal, being in the profession, needs it and we promise it will prove of inestimable value. Address, Dr. T. S. Hoynes, 847 Wabash Av., Chicago.

Presidential Address. Delivered before the Liverpool Homoeopathic Medico-Chirurgical Society, Session 1876-77.
By Thomas Skinner, M. D.

"What from this barren being do we reap?
Our senses narrow, and our reason frail,
Life short, and Truth a gem that loves the deep,
And all things weighed in Custom's falsest scale;
OPINION an omnipotence, whose veil
Mantles the earth with darkness, until *right*
And *wrong* are accidents; and men grow pale,
Lest their own judgments should become too bright,
And their free thoughts be crimes, and earth have too much
light."

—Byron.

GENTLEMEN:—It is with feelings of no ordinary nature that I address you on the present occasion. In the first place I have to acknowledge the honor you have done a fresh convert to your faith in placing me in so exalted a position as that of your president. Let us agree to sink our differences in the desire for mutual improvement. Let us never forget that the greatest enemy of mankind is he who would strangle free discussion on any subject. Let us never forget that knowledge means power, and that he who closes his eyes to what to him may be new facts, to new truths, to new uses,

and who in his blindness thinks that he is perfect and can learn nothing new in medicine—as was recently my own case—is a fool for his pains. The man of one idea, who lives in a fool's paradise of his own creation, and who thinks that he knows every thing better than any other man, and that “what *he* don't know ain't worth knowing,” is a curse, not only to himself, but to every man around him. Such a man demands our pity more than our contempt.

Let us never forget the sacred duty we owe to each other as fellow Christians, to do unto others as we would be done by, to reverence and respect the opinions and views of all men, however much they may differ from our own. Above all, let us learn to forgive, and never let it be said of us what the man said of his dog, that “he remembered an injury like any Christian.”

The true poet and philosopher is he

“Whose heart should ripen like the purple grape,
Whose country should be all the Universe,
His friends, the best and wisest of all time.—
He should forget his private preference
Of country or religion, and should see
All parties and all creeds with equal eye.—
He should not limit Nature by the known;
Nor limit God by what is known of him;
Nor limit Man by present states and moods;
But see mankind at liberty to draw
Into their lives all Nature's wealth and all
Harmonious essences of life from God.
And so, becoming God-like in their souls,
And universal in their faculties,
Informing all their age, enriching time,
And building up the temple of the world
With massive sculptures of Eternity.”

“It is the voice of my conscience saying, ‘This is the limit of thy freedom; here know and reverence the aims of others.’ This is but translated into the thought, ‘Here is another being free and independent like thyself, thy fellow creature’” These, gentlemen, are the noble and sublime sentiments of the poet and philosopher, and they are given us alike for our mutual good, that we shall carry them with us into all our discussions and doings is my sincere wish.

I have thought it best to present some observations and reflections during my recent tour through the United States of America. In doing so, I shall confine myself as strictly as I can to those points which are interesting to us as followers of Samuel Hahnemann.

The only medical event worth noting during the voyage out, was a case of sea sickness in a German gentleman, seven days out from Liverpool. He had been attended by the surgeon of the ship and a Dr. H. who was a German allopathic physician and a personal friend of the sea sick patient. They could do him no good, so he asked me to prescribe. He had constant nausea and head ache, worse on raising the head; total anorexia, and vomiting after every attempt to take food. He had also constipation, and a sensation in the left hypochondrium as if his stomach rolled over or round. *Cocculus* *cm* every two hours relieved the nausea and general symptoms for a time, but as soon as food was taken, he vomited and the other symptoms all returned. I gave him next day, the eighth out from port, and the third from New York, ten drops of *Apomorphia* 3 in half a tumbler of water, one tablespoonful every hour or two. The second dose put him all right, and he sat at every meal, and enjoyed himself during the remainder of the voyage to his heart's content, expressing himself as most grateful for the immediate and permanent relief which the medicine had afforded him.

[We are obliged to omit much the Doctor kindly said of the World's Convention, and the persons and parties who so sumptuously entertained him and his companions.—Ed.]

In the United States, I believe I am not far wrong when I say that there are not less than eight or nine homœopathic medical schools, at which two hundred and forty-six students graduated this year; whilst there are not less than from five to six thousand physicians there this day practicing Homœopathy. When shall we be able to give a similar report? Why is this, if it is not that we have no life, no enthusiasm in us. There is nothing to prevent us having the same and twice the number if we have only pluck and energy enough for the occasion. We must have schools and hospitals, and

I for one am determined we shall. If they can not accomplish this in London, let us show them what Liverpool can do. Rome was not built in a day, but it was built. I should like to see the day when England, Scotland and Ireland will have at least a dozen schools of homœopathic medicine and surgery, and two universities each. In the meantime let us be up and stirring, for there is a vast deal to be done before we can obtain one hospital, one school or one university. Whatever we do, let us accomplish it by our own merits, unenvious of and unassisted by aught that savors of the old school of medicine. Any attempt at amalgamating two diametrically opposite systems, such as the Hahnemannian and the old schools of medical thought, must in the nature of things be attended by failure, and if a failure, then utter ruin to the new school of thought. If we have to stoop to conquer, let us do so without falling. The way to do so is to revolutionise public opinion in our favor. Let me add that this can never be done so long as we mix the two systems in our practice. We must fight Allopathy, with our own and not with their weapons. What right have we to complain of advanced allopathists poaching upon our preserves, picking our brains, and pilfering from our stores of honey, when we, by way of consistency, or tit for tat, use their palliatives—all of which we have justly condemned. Let us but be true to our pure unsullied colors, no quarter or treacherous leaning towards the enemy, and our triumph is certain.

One of the most remarkable features of medical life and societies in the States, is the presence of ladies, not only as visitors, but as physicians met for mutual improvement.

My heart strings may have been touched, and they may have vibrated cordially and in sympathy with many excellent lady physicians in America, but not with the system as it is there developed.

Medical meetings are there attended by virgins or unmarried women, some of them seemingly under twenty or twenty-five years of age. A paper is read and argued upon, on syphilis, gonorrhœa and other kindred subjects, and the

learned lecturers and debaters have no hesitation in calling a spade a spade before the opposite sex. I have been present on one such occasion, and it made me feel heart sick and most uncomfortable, something like a fish out of water. My friend, Dr. Swan, who strongly upholds the system, told me that "like the women I should soon become used to it." I am of a different opinion. It is my conviction that morality demands a perfect separation of the sexes where such matters are studied or debated upon. Please do not misunderstand me. I have no objection in the least to lady physicians; on the contrary, I am decidedly in favor of them, especially as regards the departments of obstetrics and gynecology, but they ought to be taught separately; have operating theaters, wards, dissecting rooms and medical societies of their own, or at special times, the literature being common to both. I should make no objection to a "ladies' night," when the subject might be selected and especially interesting to them, and where they might be expected to throw light upon the subject by the peculiarity of their sex,—but to attend all meetings of a medical society regardless of the subject before it, is one of those things which John Bull finds it difficult to understand when he becomes one of "The Innocents Abroad." I may just add that physicians in America are divided on this question.

Some argue, but have you not in the performance of your office as physician or surgeon to talk to nurses, mothers and females about their complaints and about the female sick? Granted. But it is one thing to do so in private where there are no witnesses and where all the parties have a personal interest to serve, from doing so in a promiscuous and mixed assembly of men and women. In the one case it is a moral necessity; in the other it is a wilful breaking down of the natural barriers which society has instituted in all ages for the protection of modesty and propriety. I may be wrong in looking through British spectacles, but if so, that is my misfortune not my fault.

The advice of Lord Lyttleton to women is full of wisdom: "Seek to be good, but aim not to be great; a woman's noblest station is retreat."

The advice of Pericles in his oration to the women of Athens is equally sound and *a propos*; he says: "As for you I shall advise you in a few words. Aspire only to those virtues that are peculiar to your sex; follow your natural modesty, and think it your greatest commendation not to be talked of one way or the other."

Another phase of medical societies in the States, is their remarkable size and excellence of organization. Like Niagara and all else, even their talk, it is tall or large, or "beats creation."

On the twenty-first of June, I read a paper before the Hahnemann Academy of Medicine, on "The All-Sufficiency of Constitutional Treatment in Diseases of Women." I believe there were about five hundred physicians of both sexes present, about double the number of us in Great Britain and Ireland. Although the subject was an unpopular one, and somewhat revolutionary, I was charmed with the generous manner in which the paper was received and remarked upon by the immense audience; an audience representing every shade and development of homœopathic opinion. As soon as I arrived, I was of course "interviewed" and two of the largest societies in New York politely offered me a night to express my views on Homœopathy. I choose the Hahnemannian Academy of Medicine, because I am a corresponding member, and also because the day of meeting gave me a week longer to prepare my paper. I am not sure that this is a phase peculiar to American societies, but I felt highly honored by their polite attention in this respect as well as in general. They are, believe me, thorough gentlemen.

You are all aware that I went to America for specific purposes. I went chiefly to see how high potencies were prepared. I was also desirous of discovering an unmistakable system of notation, whereby one could calculate for certain the potency of any maker on the scale of Hahnemann. Lastly, I was desirous of seeing the higher potencies used by able hands.

In the first place, I have seen how high potencies are prepared by the fluxion processes of Fincke, Boericke and Swan,

and as it would be a long process to describe, I prefer to show you the process at my own house, either this evening or any other time convenient. As to Boericke's process and machine, it is to all intents and purposes, as regards the two essential elements in dynamization, dilution and succession, a perfect fac-simile and decided improvement on Hahnemann's system by hand. Dr. Burdick's new potentizer is also on the Hahnemannian scale. Like Boericke's, it empties the potentizing vessel at every one hundred drops. Dr. Burdick's new machine is to accomplish the following feats: "It empties the vial at each potency; it saves any potency you wish; it makes the 50 *m* in one day; it potentizes as many different drugs as you wish at the same time, and it is automatic in its workings; being regulated by dials and stopworks." This is the latest information from Dr. Swan, who adds by way of parenthesis, "And he does not know whether his potencies will be any more efficacious than my own, but it will be a satisfaction, however, to know *exactly* the potency given on the Hahnemannian or other standard scale of notation."

I do not give my reasons at present, but I am perfectly satisfied that both Fincke's and Swan's potencies are immensely high, and that they are practically and experimentally, when employed upon the bodies of the sick, equal to any other high potencies known. The *cm* of Swan has done in my hands what the 200th, or any lower potency on the Hahnemannian scale or method of potentizing could never accomplish in the treatment of disease. It may be objected that "the bodies of our patients" are not the proper tests, but as I have adopted this test as the test of tests from the British Journal of Homœopathy, I presume that such authority will not be despised. The words of the editors are: "We have other than chemical tests for our preparations, viz., the bodies of our patients."* I wish no better test, and I believe in no other as regards either a truly homœopathic medicine or its potency. It must never be forgotten that by Swan's and Fincke's processes, the succession or potentization and

*British Journal of Homœopathy, 1 July, 1859.

dilution go on with each drop, instead of with every hundred drops as in Hahnemann's method. This brings me to my next object in visiting the States—to ascertain the exact potency of Swan or any other high potency factor on the Hahnemannian scale. The ascertaining of this by means of mathematics, algebra or by any other numerical method of computation, I have no faith. It seems to me a hopeless task. We have taken an immense deal of trouble, and Dr. Burdick in particular, by means of the spectroscope, with the lower potencies. We have ascertained when matter ceases to be detected on the Hahnemannian scale—about the fifth centesimal and in Swan's about the ninth. An approximation can be made here, but when we run up to the thirtieth we are lost, and if lost so early in our ascent, where will we be at the millionth? It simply comes to this, that Boericke's and Burdick's processes are Hahnemann's; Swan's is Swan's, and Fincke's is Fincke's, and of all these processes I prefer Swan's. I have used Swan's potencies from the thousandth to the five hundred thousand millionth, and where I have been careful in the selection of the remedy in accordance with the rules laid down by Hahnemann in his *Organon*, they have never once failed in affording me the corresponding remedial effect. I could say no more in praise of any potencies. I can say nothing of Dr. Burdick's high potencies, as they are not in the market as yet, and consequently have never been tried.

My reasons for so concluding I shall give in a paper, which I trust to have the honor of laying before the society on, "High Potencies, their Peculiar Properties and Laws of Action." Lastly, I desired to see high potencies used by men of experience.

Gentlemen, need I say that this last wish of my soul was fully gratified. I lived in the house of Dr. Swan for three if not for four weeks, and visited with him at his private clinic. I saw abundance of general practice, and I assert, without fear of contradiction, that I never saw him use a potency below the one hundred thousandth on his own scale. I saw him make remarkable cures with very few doses of medicine,

one being frequently sufficient. I spent one week with Dr. H. N. Guernsey, of Philadelphia, who selects the corresponding remedy with great care, and I never knew him to fail. Dr. Thomas Moore, Dr. Fellger and Dr. Lippe, use a low potency, generally the 40m of Fincke, Jenichen, Swan, Boericke and others. They do use the 200th but rarely less. None of these distinguished physicians would use the 40m if they thought that the 200th would be better. They find that they can not get the work out of the 200th of Hahnemann that they get out of the 40m of Fincke and Swan. That is my own every day experience. I have assisted Drs. Swan and Guernsey, and I have met both of them in consultation, and more rational or more thorough physicians I have never before met. I have talked no end with other physicians using all manner of potencies, but nothing that I saw or heard has altered, but confirmed "by a large majority" my faith in the highest, the very highest attainable potencies in both acute and chronic disease. That they require special handling there can be no doubt, nor are they to be trifled with is equally certain.

In conclusion, I have been deeply impressed, not only with the magnitude and massiveness of the homœopathic movement in America, but with the progressiveness and deep rooted stability which it possesses.

To expect that every member of the body here or in America should accept the Hahnemannian doctrine, in all their integrity, as I and a conservative minority do, is foolishness and altogether utopian. We are all vessels or recipients of certain modicums of truth and error. The strangest but commonest phenomenon in nature, which he who runs may read, is the great fact that, let a man be drunk or sober, sane or insane, learned or illiterate; be he ignorant or well informed, prejudiced or unprejudiced, he has no alternative but to believe that any opinion which he holds is to him, so long as he holds it, the truth, the whole truth and nothing but the truth, until he finds out by a special dispensation of Providence, that it is otherwise. In other words, although we all know in a collective sense that "it is human to err," individ-

ually each believes himself to be no fool, and always in the right.

If there is any test by which truth can be tested it is the same as the proof of the pudding, namely, "the preein o't." The goodness of the pudding in the present instance then, must lie in the direction of those who are best able to practice pure Homœopathy; who are best able to dispense with allopathic props or palliatives; with narcotics, anodynes, sedatives, aperients, and the use of local or external medication and counter-irritation. Advanced homœopathists, such as I have met in the States, never, under any pretense whatever, have recourse to or ever feel to require to use such means in the treatment of the sick, and although I acknowledge that I am "tolerably fast for a two year old! A little wild perhaps," I feel that I am sufficiently far advanced to be able to dispense entirely with every form of allopathic palliative in my practice, and I would much rather cease to be a homœopath than condescend to prescribe for any patient of my own or of any other physician, in any way which could be recognized or suspected as allopathic.

Lastly, let me ask, how can we best advance the cause of Homœopathy as opposed to Allopathy and every other party? Only by every man striving his utmost to be less and less of an Eclectic in his practice. I have no desire to say one word against Eclecticism, Allopathy or any other system of medicine, except that they are, in my opinion, very far removed from the beautiful, the God-like system of medicine laid down by Hahnemann, and which I have found equal to any and every emergency, if fairly practiced. To practice it as Hahnemann would have us, we must lay aside every form of allopathic prop, and become consistent homœopaths; men who have unbounded faith in themselves and in the system which they profess to believe in. Many excellent Eclectics to whom I have spoken in this country and in America, have said, "but it is impossible!" Nonsense. There must be no such word in our vocabulary. It may be hard work at first—it is hard work, there is no doubt about it, and

I know of no road to any knowledge worth the having that is obtainable without the sweat of the brow. There has certainly been no royal road discovered as yet; but there is this consolation, that the work becomes easier and pleasanter the harder and the longer one works, and that can not be said of most kinds of hard work. The hard work which I allude to is getting up the *materia medica*, the semeiology of medicines induced on the healthy. In this town and in this country, we do study the *materia medica*, and although "comparisons are odious," there are few men in Britain who have labored harder or more successfully at the *materia medica* than our colleague Dr. Drysdale, and his colleagues Drs. Dudgeon and Hughes. The man who compiled the *Pathogenetic Cyclopædia*, deserves the best thanks of every true follower of Hahnemann. It is the work of works on the *materia medica* because it gives the most important of all symptoms, the mental, moral and head symptoms in all their fullness, and with the best repertorial order and clearness of any work I have ever seen.

It would appear that if we have failed of success in this country as compared with America, it is not on account of neglecting the study of the *materia medica*. Our want of success then must lie elsewhere.

Gentlemen, this mighty meeting of homœopathic physicians in America, this "World's Homœopathic Convention," is pregnant with immense good to our cause. It has increased within my soul a never dying love and enthusiasm for work, work, honest hard work, and if I should succeed in infusing into your minds one-twentieth part of the good it has done me, and you go on potentizing it as long as you live, I fear not we shall have a purer, a truer homœopathic practice, greater results, increased confidence on the part of the public, and as a natural consequence of enlightened public opinion, hospitals and schools will spring up without our asking. The public will demand them.

Gentlemen, I thank you for your patient hearing. I may be wild, too fast or enthusiastic—call it what you may, but I never knew revolutions brought about, or great advances

made by lukewarmness. Revolution or no revolution, let us if we can not agree, at all events let us agree to differ, and as we can never settle our differences by standing apart, let us on like men. "Let truth and falsehood grapple; who ever knew truth put to the worse in a free and open encounter?"

The Physiological Livery and Ingrowing Nails. By Dr Ad. Lippe

"In Omnibus Charitas." Thanks we offer for that charity so kindly conferred upon us by Prof. I. T. Talbot, M. D., who honestly and without reserve, condescends to illustrate the application of Homœopathy to the cure of the sick (in-growing nails) according to the new fangled combination of truth and error, of physiology and pathology wedded to Homœopathy. Once more "gratias." Have we not, we ask all readers of *our* (the homœopathic) literature, been found on our marrow bones imploring our scientific brethren to enlighten us, *by illustrations*, how they in their professing higher scientific appreciation of our therapeutics, can successfully cure, when they are combining pathology and physiology with (wed it to) Homœopathy, cure better, safer and by a shorter route than was shown the medical world by the illustrious Samuel Hahnemann, and was accepted by men who had the temerity to read the original writings of the master, and apply his teachings successfully in practice accordingly? Our learned friend, I. T. Talbot, M. D., publishes in the New England Medical Gazette, a monthly journal of homœopathic medicine, etc., vol. xii, number one, a paper on In-growing Nails. The paper is well written, as far as it goes, but—there is nothing in it which would imply the possibility of charging the learned writer to belong to the homœopathic school of medicine.

The fact is there is not one homœopathic idea in it; and the reader must come to the conclusion that the paper has found its way into the pages of a professedly homœopathic journal by mistake. There is the paper and no mistake about it; it must, therefore, be attributed to the charity of Prof. Ta'bot, who does want to enlighten the brethren in the school, show them how we may wed pathology to Homœopathy, and produce a caricature very much resembling eclecticism, surely not Homœopathy which is utterly set aside with all the teachings of Hahnemann. We shall now just slightly review the paper. Our learned friend tells that "the affection is so persistent, annoying to the patient and to the physician, that almost every variety of treatment, medical and surgical, has been recommended, including lotions, washes, astringents, cauterization, compression, extirpation of the nail, and even amputation of the toe." Who has recommended that sort of treatment? The allopathists, who blindly cling to *materialism*, a materialism utterly differing from the teachings of Hahnemann, not only differing, but in opposition to them. Our learned friend tells us further: "In order to treat this affection successfully, it is important to have a clear knowledge of its pathology." Then follows what our learned friend knows or thinks he knows of the pathology, but to our thinking he has not a clear knowledge of it. And for argument's sake admitting that a clear knowledge of the pathology of any given disorder is necessary in order to treat a disorder successfully, in this instance we may be able to say a few additional words about the pathology of this disorder. Our learned friend says: "It is not certain that it is more likely to occur in persons of a scrofulous diathesis." What comprises a scrofulous diathesis viewed from the homœopathic standpoint? Can we not drop these upmeaning phrases? What we have to say on the subject, and what we say we say understandingly and knowingly, and we say it boldly, is this: When the toe nail thickens, and finally grows into the corners of the toe, causing ulceration and finally granulations, we are reminded that the sufferer shows the very first preliminary symptoms of "tuberculosis," and this affection oc-

curs mostly during the period of the fifteenth to the twenty-first year. If this observation has not been already generally acknowledged to be correct, all men of experience will corroborate it. It follows that all local application of *Burnt alum*, *Per-sulphate of iron*, etc., must prove hurtful; the local treatment, as our learned friend very well describes it, when the protection of the matrix from the edge of the nail is to be procured, is of course rational and proper, but that alone can not cure the affection. If this affection is merely removed by mechanical (surgical) means, if, as it often happens, the bleeding, very painful fungus, yields to the external application of *Per-sulphate of iron*, the so treated person will very soon begin to suffer from a slight hacking cough, and will so continue to show, at least to the materialist even, that the lungs begin to become diseased, tuberculosis sets in, and with it comes this destructive process called consumption. Although our learned friend tells us that his mechanical (surgical) treatment has served him so efficiently, we venture to say to him, your in-grown toe nails MAY have yielded to your skillful method, (to which, as an auxiliary, we raise no objection), your patients are not cured. How then, shall we as homœopaths, cure them? Were we to listen to such colleagues as Dr-Hughes, who is ever anxious to wed pathology to Homœopathy, we would not find a remedy in what he perversely calls our pharmacodynamics, which we persistently shall call *materia medica*, would not find it till some enthusiastic prover would just poison himself till his toe nail grows in. We have, fortunately, long ago passed this baneful materialism, and have learned to find the curative remedies by a better and safer way. It has never occurred to these men of progress-backwards, that no drug can produce a diseased condition, such as we see developed from natural causes; drugs can only cause conditions, changes and alterations in sensations and tissues *similar* to natural diseases. And here we find in our *materia medica*, prominently, several similar remedies, not causing, but curing in-grown toe nails, because they have caused the prover to feel "*as if the toe nail were growing in*," and also a thickening of the nails. We have most prom-

inently these symptoms under *Graphites*, *Colchicum*, *Marum verum teucrium* and *Kali carbonica*. A person suffering from this persistent affection, has much more to complain of than merely this only symptom, and these other symptoms belonging to the individual will decide which of these remedies, or what other remedy should be administered. From the clinical experiment we have learned that some cases have yielded to *Phosphor.* (the fungus formation bleeding freely) and to *Natrum mur.* where already the pernicious cauterization with *Nitrate of Silver* had caused the premonitory hacking cough, too clearly showing the dangerous condition to which this barbarous material treatment had exposed the sick, had the local treatment been what *erroneously* is called successful. The very fact that this apparently light complaint is so hard to cure, is so persistent, should teach the *observing* healer that the persistency shows the deep seat of the complaint, should teach him that it is not caused by mechanical difficulties, that the whole organism is diseased, and that the grown in toe nail is merely an external symptom of an internal disorder. This disorder is just as unfailing a premonitory symptom of tuberculosis as is a fistula in ano in persons further advanced in life. And while our learned friends of the pathological and physiological school know it, do they utilize this knowledge? Nothing of the sort. They keep on operating for, trying to heal up fistulas just as if they were mere local disorders. They do *not* yet know what to do better, that is their excuse; but should we as homœopathicians follow these men of blindness? Have we not a system of therapeutics, so rich in its resources, to which we can safely resort when we desire to apply our law of cure? Can not *we* then more profitably utilize the little that is known of pathology? Most assuredly! But if on the other hand we listen to our learned friend who speaks kindly to us from the Hub, and accept his assertion, "In order to treat this affection successfully, it is important to have a clear knowledge of its pathology," then we base our treatment and our therapeutics on that clear knowledge of pathology. In other words we base our therapeutics on the knowledge we have of the path-

ology of the case. That is not Homœopathy. Again, how much clear (positive) pathological knowledge of diseases exists? And, pray, what does our learned friend do when he meets a case which he can not clearly diagnosticate? I take that back. We suppose our learned friend will be offended if we should for one moment even insinuate that such an event could possibly take place; still all these excuses make matters no better, as we really have above ventured to mend our friend's pathology of the disorder of which he treats. The paper is an illustration of the errors into which men will fall who are not guided by the principles of our school. There is in that paper another illustration of the play of Hamlet, with Hamlet left out; and if the Doctor is a little persistent in following this erroneous course, unguided by the Master's teachings, we will have by him the play of Hamlet with all the persons left out, except "the clowns with spades."

Philadelphia, January 22d, 1877.

Theory and Practice.

A Case of Intussusception of the Bowels. With remarks on Diagnosis and Treatment. By A. C. Rickey, M. D., Dayton, O.

H. S. —, aet ten months, previously healthy, was seized suddenly with violent paroxysms of abdominal pain. On the supposition that the pain arose from indigestion resulting in spasmodic colic, *Nux 3* was given, but without any relief. The pain lasted some minutes and soon returned. The little sufferer grew very cold, the cold perspiration stood on his

forehead. *Veratr. a.* 3 was administered and followed by *Coloc.* 4 and *Camphor*, but all without relief. The coldness and pain continued. The attack set in at four p. m. Saturday. Just before the first paroxysms of pain he had a copious and entirely natural stool, which was the last fecal matter passed. The difficulty was not preceded by diarrhœa, nor constipation, nor vomiting. At two a. m., during the night an enema of warm water was given, which was soon passed, but contained no fecal matter; gave *Opium* 4 gtt; for an hour rested more quietly; pain returned. At four a. m. repeated injection, believing that some indigestible mass had obstructed the bowels; this was soon returned, contained no fecal matter, but some blood; attended with violent pains and efforts to pass something; repeated *Opium* 4 gtt, which gradually took effect, lulled the pain and for twelve hours the child rested.

About half past four a. m., a considerable quantity of pure, unmixed, bright fresh blood was passed, and several times during the day (Sunday) small quantities of the same passed. The coldness above mentioned passed away in the latter part of the night, and was followed by an increase of temperature, and in the afternoon by slight fever. The child vomited ingesta five hours after the attack, and bilious matter twelve hours after.

Under the influence of the *Opium* the child lay quietly until three p. m. (Sunday) when the pain returned with all its violence, attended with severe and continued tenesmus. It seemed all the time as though he wanted to have a stool and could not. Believing there was some obstruction and supposing it to be possible that there was congestion or inflammation about the ascending colon, *Acon.* 2 had been given at twelve o'clock and repeated every half hour, and at three o'clock a dose of *Castor oil*.

The whole bowels were soft, presenting no tumor of any size; no distension of bowels. At four o'clock another bloody stool, from half an ounce to an ounce being passed.

Seeing the case was unusual and becoming more grave, Dr. —, was called in consultation. His diagnosis of the

case was, acute congestion of the bowels; and ordered the *Acon.* to be continued.

Sunday night and Monday all day there was only momentary intermission of relief from the pain; there was moderate fever and occasional vomiting of bilious matter and mucus; the child took no nourishment; had no sleep; from the bowels there oozed a serous and slightly offensive discharge mingled with a little mucus; there was still no tumor discoverable in the bowels.

The suffering of the patient was painful to witness, the child writhed and screamed in a most piteous manner; would grasp at any object near; would bite the mother's breast, and finally its own little fingers in his agony. Never have I witnessed such suffering. Fearing it before I now became much alarmed, believing the bowels were intussuscepted. *Bell.* 3 was given during the p. m. and night. Late in the night *Bry.* 3 was substituted for the *Bell.*, this remedy having been recommended so highly in the journals and by physicians as a cure for intussusception of the bowels. At ten a. m. Tuesday the selection of this remedy was confirmed by consulting physician.

Bowels still soft; no fever in them and no distension; pain and tenesmus continued just as before. At half past two p. m. I determined to explore the rectum, and on examination found the anus open. Passed my little finger up the rectum, and not to exceed two inches from the anus could distinctly feel the protruding portion of the invaginated bowel. It very much resembled the feel of the os uteri at the eighth month of pregnancy, i. e. a firm rounded tumor with a slit-like opening in the center. This revelation, of course, settled the diagnosis, and in haste the consulting physician and Dr. —, were called in to make an effort at mechanical reduction. Taxis was used and injections of water from a Davidson's syringe. The last physician called in advised *Bry.* 1 and two ounces of *Castor oil*, (there being present the most unmistakable evidence of intussusception.)

The Cathartic was not given, and I will here mention that two doses of oil previously administered were vomited soon

after being taken. After this effort at reduction, which was unsuccessful, the child lay in a stupor for several hours. A few shreds of dark colored membrane passed, which evidently was a portion of mucous membrane, which in a partial state of gangrene, was detached by the manipulation.

At eight o'clock Dr. — was called in to see the case and express an opinion. He advised inflation and hydrostatic pressure from a fountain syringe, the body of the child being inverted. Also small doses of *Opium* to quiet pain and the peristaltic action of the bowels.

The first effort at inflation was unsuccessful, the second and third caused slight distension of the bowels but had no effect on the invagination. On Wednesday and Thursday, hydrostatic pressure was tried several times. *Opium* continued; the effect of which was to quiet the pain and secure rest; very little fever; abdomen very much distended; no more vomiting; once after using the syringe (fountain) a small quantity of matter slightly resembling feces was passed, which proved to be only mucus. The discharge before mentioned continued and now became very offensive in odor.

The above conditions continued, the strength of the child gradually failed, until on Monday morning, the ninth day of his illness, death brought relief to the little sufferer.

AUTOPSY.—Abdominal section confirmed the diagnosis of intussusception. The cæcum and a small portion of the ileum had passed into the ascending colon and gradually worked its way to the lowest part of the rectum. The ileum and jejunum were quite distended with gas, otherwise empty; stomach empty and normal. The whole of the colon which had thus passed into itself was crowded into a length of not to exceed six inches. The invaginated portion could not be drawn out; the constricted portion being highly congested and tumefied, contained only a bloody or serous effusion; there were no inflammatory adhesions; no gangrene; but the constricted portion had passed almost into that condition.

This sad case should not be allowed to pass without lessons of profit to all. The points to which I would call especial

attention are the early diagnosis and treatment of intussusception. The symptoms which should lead us early to suspect intussusception are: Paroxysmal pain referable to the seat of the disease; obstinate constipation; vomiting of ingesta, bile or stercoraceous matter; tenesmus; bloody evacuations without the accompanying symptoms of dysentery; a sausage shaped tumor felt through the abdominal wall. Should an injection be administered, it is speedily and forcibly returned. Later in the disease examination per rectum will frequently detect the invaginated bowel.

Obstruction of the intestinal canal may arise from various causes and is liable to be mistaken for intussusception. Among these may be mentioned:

First. Constriction or closure of the intestine as a result of compression from tumors, uterine, ovarian, etc.

Second. Constriction of the intestine as a result of cicatrization following inflammatory processes.

Third. Closure of the caliber of the intestine by a mere rotation on its own axis.

Fourth. Closure from impacted faeces scybala, stony concretions, etc.

Fifth. Typhlitis, an inflammation of the cæcum and ascending colon, causing obstruction and accumulation of faeces at the seat of the disease.

Now any of these conditions may exist and give rise to symptoms very similar in many respects to those of intussusception; a history of the case and a careful analysis of all the symptoms will in most cases make the diagnosis clear.

The necessity of an early use of right measures to relieve this condition can not be too forcibly impressed on the mind of the physician, since treatment to be of any avail must be employed before such changes have taken place as render a reduction of the invaginated bowel impossible.

When called to treat such a case do not waste precious time with *Bryonia* or any other medicine, but resort at once to such mechanical measures as has been found of most value in treating such cases. Among this may be mentioned hydrostatic pressure from a fountain syringe; invert the body of

the patient; use tepid water; distend the bowels to its utmost capacity. The position indicated favors the pressure from the water, and the fountain syringe is superior, because it gives a strong, yet even and continued pressure, whereas the common syringe stimulates the action of the bowels by its uneven flow. This measure may be repeated every two to four hours.

Inflation of the bowels with air from a bellows attached to a rubber tube and rectal pipe has been found to relieve when the injection failed. *Carbonic acid* gas has also been used with marked success. This however is less practicable as the apparatus necessary to generate the gas is seldom at hand and can not be readily obtained.

Simple inversion of the body, i. e. taking a child by the heels and giving it several sudden jerks upward, is said to have relieved some cases.

We do not hesitate to advise full doses of *Opium* to lull the pain and stop the peristaltic action of the bowels, as every paroxysm of pain forces the bowel further and further into itself.

Before closing this paper I wish to raise my voice against the delusive attempts made at curing intussusception of the bowels with *Bryonia* or any other medicine. Our remedies can and do, great things. But let us not claim too much for them. This affection is purely a mechanical obstruction, and can only be relieved by mechanical means. In two cases reported to have been cured by medicine the one was evidently only a typhlitis and the other was reduced by an injection of several pints of water. It is an easy matter to be deceived in our diagnosis, and we should look with great suspicion on reports of cures of intussusception with any medicine. Did the limits of this paper admit it would be well to enter at length into a description of this affection. We refer the readers to "Smith, on the diseases of children," for an elaborate description of the same.

Iodoform in Dysmenorrhœa. By E. M. Hale, M. D., Chicago.

Several years ago I happened to read the following sentence relative to the effect of *Iodoform*:

"A suppository containing *Iodoform*, if introduced into the rectum, will so benumb the parts that defecation will take place without the person or animal being aware of it." (Woods' Ther. and Mat. Med.)

Having on hand at that time several cases of fissure of the anus, in which the pain after defecation was terrible to bear, I had some suppositories made, each containing two grains of *Iodoform*. Introduced on going to bed, the evacuation next morning would be painless. It did not cure the fissure, however, for that I was obliged to resort to *Nitric acid*.

It occurred to me that *Iodoform* might be of benefit in dysmenorrhœa, from spasm of the cervical canal, which is sometimes due to fissured ulcer of the os, and sometimes of a purely nervous origin.

The local application was hardly admissible, and I resolved to test its value by internal administration. But how to give it? It has such an abominable odor that prescribed in solution or trituration was not to be thought of, unless proposed in the high potencies, for in the 5th the odor remains.

I accordingly prescribed it in the form of sugar coated pills, each containing one grain, one pill for a dose.

I selected three cases of dysmenorrhœa which had baffled years of allopathic medical and surgical treatment, as well as the most careful homœopathic treatment. Even the *Bisurinum* and *Xanthoxylum* had failed. The menses were regular, but distressingly painful. The agony was such that *Chloroform*, *Ether* and *Morphia* had to be resorted to.

To each one I prescribed the pills as follows: One every night for fifteen days before the menses; then one every morning and night until three or four days before the menses; after this three pills daily.

Each case passed through the next menstrual period without pain. Two of them did not know they were "unwell until they discovered the stain on the linen.

I was delighted and believed I had found a specific for that form of dysmenorrhœa, but the sequel discloses a singular fact.

Each patient passed through the next two periods with little pain, but afterwards the suffering came back. In one case the pills were continued each month as during the first, but the menses appeared the fourth month as painful as ever. I have tested it in many other cases since, with the same results. I have given doses of one-fourth or one-half grain, but the result is the same. Would higher attenuations cause a more permanent cure? I have not tried them.

But even if the effects are only palliative to the extent mentioned, the medicine is still of great value, for it will give temporary relief to great suffering. I will add that in no case did I ever observe from the above drug any pathogenetic effects.

Of itself the remedy is a unique one and deserves investigation. Who will prove it in various doses?

P. S. Would it not be useful in some of those obstinate cases of rigid os uteri in first labors? Especially if the patients had been previously troubled with dysmenorrhœa.

Diphtheritis. By C. F. Kuechler, M. D., Leavenworth, Kan.

Having seen lately so many articles and discussions upon Diphtheritis, with scarcely ever a mention of *Mercurius biniodide*, I am tempted to write a few notes drawn from my own, not very limited, experience in the treatment of this disease. Ever since von Villers made known his almost miraculous cures with the remedy *Mercurius biniodide* has been my dependence, (except occasionally when great vascular excitement, called for a few doses of *Baptisia*,) and it has not

only never failed to cure, but has never left the patient to suffer from any of the troublesome sequelæ, which so often follow the disease. It should never be used lower than the 6th; I have even better success with the 30th not given too frequently, usually four to six hours between doses. So rapid and decided is its action that I usually see the largest membranous deposit disappear within twenty-four hours. Insist strenuously upon proper nourishment, raw oysters, broths, milk and brandy if necessary, but use no local appliances except vinegar by gargle and inhalation.

The disease being contagious, insist that the well be kept away from the sick, and each patient by himself.

Owing to the present prevalence of diphtheritis, and its fearful fatality in many places I give these few hints, hoping some one may be persuaded to try this remedy, of which I find so few physicians have any experience, but I caution against alternating with any other remedy either given internally or applied locally.

I am no advocate of specifics, but in this disease individualization seems almost unnecessary, for in hundreds of cases which I have treated where the usual symptoms or chilliness, aching, prostration, nausea, disinclination to swallow, offensive breath, with or without membranous deposit, were present, *Mercurius biniodide* has always proved itself homœopathic.

A Case of Ascites. By P. B. Hoyt, M. D., Paris, Ill.

On the 30th of September, 1876, I was called to see Mr. S. P. He had been under the care of an allopathic physician, who had been treating him for chills and fever, and though he had an occasional chill, followed by quite a sharp fever,

yet there was no sweat, nor did the chill and fever appear to be distinct, or well defined, rather chills and flashes of heat, and when the heat predominated, the least movement, or the raising of the bed clothes, caused a chilly sensation.

Mr. P. is of a nervo-bilious temperament, with a tendency to corpulency, a dyer by occupation; has been feeling unwell for about six months; skin a dirty yellow, whites of the eyes yellowish, and the vessels somewhat congested face bloated; has no appetite, tongue coated quite evenly all over, white except at the root where it is a light brown; very restless, pulse variable, averaging about ninety beats per minute; abdomen much distended and tympanitic stools irregular, but often three or four loose stools early in the morning, smelling putrid, with pain in the hypogastrium previous and during the stool; stools quite large, sometimes yellow, sometimes brownish and mixed with a whitish yellowish looking substance, like mucus and water mixed. Some days there was no stool at all, but no marked symptoms of constipation; urine scanty, high colored, not more than half a teacupful in twenty four hours; on standing it deposited large quantities of mucus and was slightly albuminous; he is very weak and despondent; there is tenderness in the region of the liver, can not lie on either side with any comfort, particularly the right; slight tenderness over the kidneys; aching and coldness of the legs. I mistrust abdominal dropsy, but do not get the fluctuation commonly present. Considering his general condition and the state of the bowels, I gave *Ars.* 3, 1-10 two grs. every two hours, with a dose of *Apis mel.* 2, 1-10, morning, noon and night.

October 1. Some easier, slept some during the night; bowels not so painful and only one stool, smelling very bad. Continued.

October 2. Not much change, but evidently losing strength, prescribed *Ars. alb.* 6, 1-10, five drops in half glass of water. Dose, one teaspoonful every two hours.

October 3. Evening. Not so much abdominal bloating, but more pain; no movement of the bowels; think I discover fluctuation, has passed more urine than usual, and of a lighter color; has been quite thirsty to-day. Prescribed same.

October 4. Evening. Still less tympanitis, fluctuation plainly manifest, prognosis unfavorable. Prescribed *Apis mel.* 1, 1-10, 20gtt in one-half glass of water, two teaspoonfuls every hour.

October 5. Suffered a good deal of pain in the bowels during the night, headache, nausea, which I attribute to the medicine prescribed in the night; *Nux v.* 3, 1-10, 5gtt in one-half glass of water every two hours.

October 6. More comfortable, has passed a good deal of urine, and several watery, yellowish stools, very much prostrated, but little pain, the abdomen very sore to the touch. Prescribed *Apis mel.* 2, 1-10, three grs. every four hours, *Ars. alb.* 3, 1-10, three grs. every four hours. Was called in the night, found him in intense pain in the bowels, high fever, full bounding pulse, difficulty in breathing, numb in all the extremities, headache; is afraid he is going to die immediately, face red as scarlet. Prescribed *Ac.* 3, 10gtt in one half glass of water, dose one teaspoonful every fifteen minutes; gave four doses, no improvement, gave one dose *Bell* 3, no better. I too, thought he would die, and he begged for ease. Prescribed *Ac.* 1, 1-10, 20gtt in one-third glass of water; *Morph. acet* three grs. mix, dose one teaspoonfull every half hour till easier, then to return to the *Apis* and *Ars.* as before.

October 7. Expresses himself as feeling much better; has passed about two quarts of urine during the night and this morning, sweat profusely the last part of the night; (*Morph.*) countenance brighter, is more hopeful, abdomen softer and less bloated. Prescription continued, *Apis* and *Ars.* From this time on for several days there was a steady improvement, occasionally the abdominal pains would return, for which he would take a spoonful of the *Ac.* and *Morph.* During this time I gave him as I thought best, *Apis mel.*, *Ars. alb.*, *Ars. fod.*, *Apoc. can.*, *Hell. nig.* He had at one time during this period considerable œdema of the feet and legs, which yielded to *Samb. nig.* 3, 1-10. He continued to improve rapidly, I made my last visit to him on the 26th of October, since which time he has called at my office for medicine, and is now somewhat less than his usual weight and size; he is

growing more fleshy, has a good appetite, sleeps well and is able to do considerable work; many of his friends never expected to see him on his feet again. This is another victory for Homœopathy.

The remedies that did him most good were *Apoc. cann.*, *Ars. alb.*, *Apis mell.* and *Samb. nig.* I might say *Ac.* and *Morph. acct.* did him much good, but I am not satisfied that it was strictly homœopathic, it made him easy, and that was all I gave it for.

Deformities and their Relation to Hygiene.

The great blessings that Orthopædic Surgery has already conferred on suffering humanity, and the happiness which it is still destined to bring to many a saddened and despondent heart, gives it a claim to the grateful consideration of the public; and the immense progress it has made during the last half century, as well as the great necessity that still exists for more widely diffusing its blessings, renders it worthy of the most careful study of every physician who desires to merit the confidence he invites.

Would it be doing the profession much injustice to say that the majority of surgeons are not competent to treat deformities? To say that very few make themselves familiar with the details necessary to obtain success, is to state a well known fact. How many doctors would, under similar circumstances, be as much astonished as was Diffenbach, when Dr. Little, who had been deformed from childhood, stepped into his office perfectly cured? He says: "A month had elapsed since Dr. Little had taken a letter from me to Dr.

Stromeyer, in Hanover, when suddenly my door was opened, and the individual who had left me a cripple entered with a rapid and vigorous step. I can scarcely tell which was the greater, my astonishment or my pleasure. I immediately examined his foot, and found the shape normal, the sole in contact with the ground, and the arch of the foot nearly natural; the calf of the leg had begun to be developed, and the lower extremity had gained its full length. A miracle could not have struck me more forcibly; and I declare that I was never more surprised in my life at the success of a surgical operation than I was by this one; and I consider Stromeyer, who performed the operation, even more fortunate than Little, who reaped the benefit of it."—*Sanitarian*.

OF what practical use is scientific discovery, unless it lead to improvements in our practical methods? And yet, all practical improvements must be the result of scientific discovery, must be based on correct principles, or be gained by methods purely empirical. The way has been already pointed out; the initiative has been taken. We must lay aside our hap-hazard methods of treating disease, and follow the great principles already laid down as landmarks to guide us in our investigations. "Step by step the idea of disease has been separated from the more personal and ontological character that has descended with it from the remotest antiquity. . . . What we call disease is only an abstraction, an idea, since there is no such thing in nature, possessing a separate existence."—*Sanitarian*.

General Clinics.

CONGENITAL PHIMOSIS.—P. B., aged four, male. This first case is a little child sent to me by Dr. Hoffman, from Mamaroneck, Westchester county; he is four years old. He has never stood or talked, and has swallowed with great difficulty. His face is idiotic in expression; there are constant convulsive movements of both upper and lower extremities; the limbs are crossed, and the feet rigidly extended; and this has been his condition since birth. The doctor wrote me a note, stating that after reading the report of my lecture in the Philadelphia Medical and Surgical Reporter, of October 14th, 1876, describing some cases of paralysis and inco-ordination of the muscles from congenital phimosis, it brought to his mind this child, whom he had attended since birth, but having considered it a hopeless idiot, had abandoned it; that after reading the lecture he went and examined this case, and thought it answered the description of the cases described, and therefore sent it down to me for confirmation. You thus see, gentlemen, the advantage of medical gentlemen reading medical journals, by which means they keep themselves abreast of the wave of improvement. When I graduated I asked the advice of one of the distinguished surgeons of the New York Hospital, as to what medical journal I should subscribe for, as I wished to keep myself up with the improvements of the profession, and he advised me to take none; my text books were all that I required, and my own individual experience and practice would give me all the new information that was requisite. Fortunately, gentlemen, I did not follow that advice, and you see here a practical illustration of the advantage of reading medical journals; for in that way Dr. Hoffman has been enabled to understand a case which before he had considered as incurable.

You see this little boy; he is very stout and well built, but unable to stand, even when we hold him. His legs are

crossed, and he stands upon his toes; the instant support is removed from him he falls on his side, his left leg crossed tightly over his right. His limbs are rigid, and his mother states that this is his habitual position. It is impossible to abduct his limbs or flex his feet. The tendones-Achillis are as rigid as in the very worst cases of talipes equinus; but you will observe that they yield no reflex spasm upon point pressure after tension. Rolling him on his back, you will observe this penis, enormous in size for the age of the child, and erect as a stick. The glans is covered completely by this prepuce; and watch—the instant that I touch the orifice, the convulsive movement, and the instantaneous slapping of his face with his left hand. We repeat this experiment, and you see the convulsive movement of his hand, striking his face simultaneously with my touch upon the end of the penis. I have tried this experiment several times at the office, to-day, and obtained the same result every time.

I here show you a photograph attempted to be taken of the child, but it was so difficult to keep him still a sufficient length of time to take a natural picture, that no picture will represent accurately the patient as you see him before you.

[The Professor then circumcised the child, cutting off a circular piece of integument, and found the internal mucus membrane totally adherent to the prepuce, which was dissected up and turned back from its attachment to nearly the entire glans. Behind the corona was a round, hardened smegma, producing an erosion of the mucous membrane. The parts were dressed with styptic cotton and rags wet in cold water. Before the lecture was over the boy called for his mother, and put out his hand, naturally, to take her by the hand; the first time, she states, he had ever done so in his life.] Lewis Sayre, M. D., Med. & Surg. Reporter.

TRANSLATIONS. By A. McNeil, M. D., New Albany, Ind., from *Allgemeine Zeitung*.—CHRONIC METRITIS, CURED BY VERATRUM ALB.—In the middle of July, 1874, Dr. Seutin was called to see a lady who had been sick for three months. As a girl she had always been healthy, with the exception of attacks of intermittent fever every year.

Four months after marriage she aborted, flooding and violent uterine pains followed. Notwithstanding she had been treated three months by allopathic physicians she continued to grow worse.

Dr. S. found her in a condition of great weakness; face pale; eyes sunken with a dull expression, revealing great suffering; extremities cool. For three months she has been afflicted with violent uterine pains, with a feeling of heaviness, which is attended with stitching, particularly on the posterior wall of the uterus; palpation shows that the volume of the womb is increased; it is hard and sensitive to touch; inspection reveals congestion of the neck of the uterus; which is hard and appears a little flattened in its antero posterior diameter.

The slightest touch causes the patient to scream; she can not rise because of the pain produced by doing so; entire loss of appetite; slimy, diarrhœic stools. *Belladonna* 6 ten drops in one hundred grammes of distilled water. It caused the uterine pains to abate, but without producing any material change. *Nux vom.*, *Bryonia*, etc., modified the general condition but little. But *Veratrum alb.*, which cured the patient, was chosen by Dr. S. because of the following symptoms: Although it was in the middle of August she was constantly cold, particularly in the extremities, so that she used warm bottles at her feet constantly; and moreover the constant diarrhœa also indicated it.

After *Veratrum alb.* 6, the patient was much improved, and after the further use of the drug she felt as if new born. The diarrhœa, as well as the uterine discharge, had also ceased; her appetite returned, and after fourteen days she could attend to her duties, cured.

INFLAMMATION OF THE CORNEA.—Caused by wasp stings.—In the middle of October, 1875, Maria Poble, eleven years old, was stung on the forehead above the eyes by two wasps. The stings healed without producing much inflammation. But after a few days her father brought her, and I perceived that the right eye was watery, reddened and a little hot. About the middle of the cornea there was a white film of

Mar-3

several millimeters diameter. Of course the power of vision in this eye is dimmed. It was clearly the effect of an animal poison. *Mercurius sol.* 30, ten globules in water for two days. Cured in ten or twelve days.

CHAMOMILLA IN CONSTIPATION DURING DENTITION.—A male infant of eight months; beautiful and well nourished nursed exclusively by a healthy wet nurse; slept well and was usually good natured, enjoyed good health, with the exception of a single function, he has been costive since birth; no passage sooner than five or six days, and frequently a longer time intervened; the discharges are yellow; solid as in an adult; crumbling with no other morbid attraction than the excessive dryness; they frequently used injections to produce an evacuation.

When the rectum is overloaded the bowels are somewhat distended; the flatulence causing him to be restless at night; when the bowels move all these symptoms disappear.

He received four powders of *Chamomilla* 30. It was chosen with regard to the apparent cause, dentition; it influences the ganglionic nervous system, and has among its other symptoms, "constipation as if from inactivity of the rectum; wind colic with distension of the bowels, and accumulation of gas in the hypochondria." He also received two globules in the evening and two the following morning on the tongue. On the same day he had an enormous discharge of feces less solid than usual. On the following day his discharges were like those of a healthy child, i. e. very soft; afterwards several times a day. He had no relapse.

REMARKS BY H. GOULLON, JR.—Does this case exclude all reasonable doubts as to the efficacy of *Chamomilla* in hereditary constipation? It might be objected that we do not usually employ this remedy in constipation, but in green diarrhoea of teething children (for example after anger of the nurse and the like) but saying nothing of the fact that we administer successfully *Calcarea carb.*, and likewise *Sulphur* in both conditions, viz: constipation and diarrhoea, if the other symptoms indicate these drugs, so has *Chamomilla*, in homœopathic doses, very different properties. This is evi-

dent from Prof. Hoppe's experiments and studies, who discovered that *Cham.* has a particular relation to the vasomotor nerves, and he was convinced that *Cham.* 30 might aggravate a toothache, under some circumstances where the tincture did not do so. This reported case deserves consideration and imitation.

A FEW CASES FROM PRACTICE—By Geo. M. Ockford, M. D., Hackensack. N. J.—Mr. V., aged about forty-five, for some years past has been troubled with catarrh, at times would be almost free, but the least cold or exposure aggravated the trouble; left side mostly affected, discharge fetid, purulent from left nostril, right nostril closed. *Berberis vulg.* 6 gave decided benefit, and *Psorinum* 30 completed the cure. One year has elapsed without any return.

Man of nervo-bilious temperament had catarrh with cough, great accumulation in posterior nares in the morning when patient hawked up lumps of greenish, yellow mucus; the cough would come on in afternoon and continue till bedtime, and was attended with soreness in the chest. *Manganum* 200 promptly relieved.

Mr. B., a man of full habit, had every morning an accumulation of sticky mucus in the fauces, with dropping from posterior nares. The effort to dislodge mucus in morning caused retching and vomiting. There was also present a dullness of head with sense of fullness. *Nux vom.* did not relieve, but *Anacardium* 12 produced immediate amelioration.

Chronic catarrh, dropping from posterior nares, so as to awaken patient at night, hawking quantities of lumpy mucus gave temporary relief from feeling of fullness; mucus in nose would dry like the white of an egg, needing to be forcibly removed. *Psorinum* 200 greatly ameliorated, and until new exposure, produced a cure.

Mr. T. with nasal catarrh consulted me for deafness; an examination showed the middle ear to be the seat of difficulty. In affected ear there was almost constantly a slight buzzing; patient also complained of occasional dizziness. *Mercurius dulcis* 3 produced prompt relief, and in one week cured.

Materia Medica.

A Short Study of *Nux Moschata*. By Geo. M. Ockford, M.
D. Read before the New Jersey State Hom. Med.
Society, 1876.

Nutmegs are used so extensively in cooking, and as an aromatic and spicy addition to food and drink, that we are apt to lose sight of it as a medicine, and yet in this apparently simple article there is a good deal of power and medicinal virtue. It is a powerful narcotic. Stupor and delirium, and even fatal consequences have followed its too free use. As a remedy for nervous diseases it is frequently indicated, and is particularly adapted to women and children. Upon the generative organs of woman it exerts a specific action. Its range of action covers diseases caused by unpleasant emotions, by cold wet weather, from bathing, fatigue and from indigestion.

Certain peculiarities run through its train of symptoms. Drowsiness, sleepiness and faintness are its predominating features. Its subjects are fickle minded people, those inclined to be fitful or with inclination to laugh and jest; those who do not perspire easily, but have cool dry skins and whose mouths are always dry or especially when waking up. The drowsiness may amount to profound coma with slowness of ideas and difficult comprehension, or it may be a dreamy condition. It is indicated in weakness of memory in old chilly people who are always taking cold and want to stay in the room.

As consequences of colds, it cures a dry cough which is worse on getting warm in bed; cramp like pains in bowels with pains running from right to left, and prostrating diarrhoea. The pains are worse in the open and cold, and better in the warm air. Toothache, headache, etc.

The headaches of *Nux moschata* come on after breakfast and are accompanied by sleepiness, and may consist of

spasms of the head and forehead. The patients are nervous, change from grave to gay, are very fickle. Upon the digestive tract it acts as an irritant, causing enormous inflation of stomach and bowels; very weak digestion; colic pains, relieved by warm wet applications; eating a little too much causes uneasiness and headache; the diarrhœa is exhausting. In children we have yellowish, like stirred eggs, or undigested discharges. They are so thin and penetrating as to soak into the diaper.

The cough is dry, nervous, becoming worse when warm in bed; hoarseness from walking in the wind; oppression of chest arising from the stomach; coughs particularly from wet feet or standing in water, or after hard work or being overheated from work.

Palpitation of the heart, if accompanied with fainting and is followed by sleep, especially if preceded by exertion.

Upon the generative organs of women it causes tardy menstruation, (the discharge being irregular, scanty or black) and suppression, and is a remedy to be thought of in suppression caused by fatigue and wet feet combined.

During pregnancy it meets conditions arising and manifesting themselves as morning sickness when accompanied by sleepiness and dry sticky tongue. For the chronic diarrhœa and for constipation from inactivity of the bowels, the stools being slow and difficult. It relieves the fullness of the stomach and shortness of breathing incident to last months of pregnancy.

In miscarriages and threatened miscarriages in changeable women, the flow increasing constantly in quantity, with bearing down, nausea and drawing in the legs, the discharge being dark and thick.

In hysteria with sudden change from grave to gay; vicarious leucorrhœa in place of menses and distension of stomach and bowels after eating.

As a remedy for women and children, and easily affected men *Nux moschata* is to be thought of, especially if there is sleepiness and excessive dryness of the mouth present with other ailments. In diseases of a neurotic, hysterical charac-

ter it is often indicated, and by closely studying this much used domestic spice we may add laurels to our law of cure and earn the gratitude of our patients. Of necessity this sketch is brief, but if it causes more inquiry its object has been attained.

Miscellaneous.

Those Worms.

MR. EDITOR:—One Mr. Pythagoras has seen fit to administer a lecture to me through the columns of the *ADVANCE*, because I happened to recite that a patient of mine presented “a similar train of symptoms,” presented by a patient of Dr. Mullins, who sent a statement of his case to the *ADVANCE* asking for a diagnosis, and that in the individual case presented to me the cause of the difficulty was intestinal worms, and the removal of the cause cured the case. I did not say that this case of Dr. Mullin’s was identical, but only suggested that the possible cause might be (in absence of any other) parasites in the gastro-enteric tract. But our learned friend “jumps at a conclusion” and makes the extraordinary statement that he “can not see any similarity in the case Dr. Mullins has given us, and the one related by Dr. G. M. O., though the Doctor has not given us a symptom to show ‘a similar train of symptoms.’” What does the shade of the philosopher (or is my mentor the great Pythagoras himself) want? Perhaps he does not know the meaning of the sentence quoted from my article, “a similar train of symptoms,” but

surely that seems to me to be sufficient for any ordinary intelligence. Let us analyze it: a similar (*i. e.* closely resembling) train, (*i. e.* a succession of connected things, in this case symptoms) and when I said that my case presented a similar train of symptoms to the one reported by Dr. Mullins, I intended to say, and in effect did say, that it presented a succession of symptoms closely resembling those given us by Dr. M., and yet Mr. Pythagoras, without having any more knowledge of my case than this, says he can not see any resemblance between the cases. Begging his pardon for the presumption on my part, I will say that I could see a close resemblance in the symptoms presented by both cases. Of course a knowledge of all the circumstances, (which Mr. P. seems to possess) might change our opinion, and there was a decided omission on the part of Dr. M. if he failed to examine into the condition of the womb and ovaries in a case clearly connected with the uterine and ovarian functions, as Mr. P. says it was. Our learned friend goes on to speak of "looseness in clinical reports." But what can be less correct than this sentence from his communication: "In Dr. M.'s case, for nineteen months, during her pregnancy, and for nine months after, she had none of the 'spells.'" Curious fact(?) that.

I don't know what the Homœopathy of this man consists of. He objects to prescribing the same remedy for two cases presenting "a similar train of symptoms." If the first prescription was in accordance with our law of cure, and the second case presented a similar train of symptoms I should certainly give the same remedy, because I know no other method of prescribing but from the totality of the symptoms exhibited, or to more fully state it, the selection of a remedy requires two similars, viz: one corresponding to the general symptoms arising from the pathological state, and one corresponding to the special and characteristic symptoms arising in the individual case. And the remedy whose symptoms most closely resembles "this train of symptoms" in the individual case, is the one to be applied, and I should not hesitate to apply one remedy to a hundred cases if they all presented

a "similar train of symptoms," if I were sure it was the homœopathic remedy, for any one of the cases. How do we verify symptoms? By prescribing a given remedy for a certain "train" of symptoms found in a number of cases, and in the mouths of "two or three witnesses" it is established. Mr. P. has evidently some new theory which he calls "carefully complying the remedies of our materia medica," a term which I do not understand, and the closing paragraph of his communication needs further elucidation in order to be comprehended by me.

Further, I would say that it has always been my practice to endeavor to ascertain the cause of any trouble presented, and if it were possible to remove that cause; and if Mr. P. has never adopted this course he may learn something even from the old lady who had "seen just such cases." I, for one, am opposed to this homœopathic sectarianism, which can see nothing beyond the single law of *Similia*, which is grand and good, and I should rejoice to see all distinctions between "allopaths" and "homœopaths" broken down and the medical profession become true, honest, unselfish physicians, adopting a wise conservatism that should result to the good of the human race.

G. M. OCKFORD.

Does the Human Hair Ever Turn Gray in a Single Night, and does it Grow After Death? By G. W. Barnes, M. D. San Diego, Cal.

The change which takes place in the human hair from dark to gray or white is intimately related to the causes which contribute to its nutrition and growth. It is a popular belief, and shared in by eminent physiologists, that the human hair may be blanched in a night, and the belief is

supported by the citation of numerous ancient and modern instances of the occurrence of the phenomenon. There are those, however, who maintain that sudden change is impossible, though the hair may turn gray in a few weeks. The cases mentioned in the older works have not been recorded by professional men nor those in the habit of observing, and hence do not satisfy the requirements of exact inquiry; and of the same character are later ones including those of Sir Thomas More and Maria Antoinette. It is quite probable that in many of these instances the change proceeded more slowly than was supposed, and was unobserved till nearly complete. Deductions from a priori consideration must be adverse to the proposition that the human hair can undergo a change, dependent upon a sudden loss of its coloring matter, and there is no law known to physiologists or chemists which could account for the phenomena. But of late several instances of sudden blanching of the hair have been observed and recorded by men whose testimony must have much weight.

At a meeting of the British Association for the advancement of science, a few years since, Dr. John Davy read a communication on this subject. He had immersed human hair in caustic *Potash* and exposed it to the action of *Chlorine* and other agents without producing speedy change. He concluded that it was scarcely to be conceived that the human subject could secrete a fluid capable of affecting the hair by discoloring it, but that the changes observed were rather due to displacement of structure than to modifications in the coloring matter.

Dr. Reese, in his "Analysis of Physiology," 1852, says: "Violent emotions have been known to turn the hair gray in a single night." In the articles in the *American Cyclopædia* on "hair" and "feathers" it is conceded that the hair may suddenly change in color and grow after the death of the body.

Baron Larry, in his "Surgery and Campaigns," speaks of birds which had been supposed to belong to different species but were found to be identical, having only changed the color of their plumage. He states that he observed person-

ally Newfoundland partridges, red with brown spots in summer and white in winter, and black birds which were of a reddish brown in summer and white in winter. He thinks the change may be due to their remaining in dark holes in the winter, or that nature may have endowed them with this change that they might avoid the pursuits of foxes.

Dr. Semig, army surgeon at this post, informs me that a case came under his personal observation, in San Francisco, in a lady whose hair changed to gray in a single night on hearing of the violent death of a relative at a distance.

Dr. Flint in his late work on physiology, cites the testimony of some observers as to the facts of this phenomenon and says: "While the mechanism of the change is not understood by physiologists it is interesting to note in the connection that in the great majority of the observations the sudden blanching of the hair has been apparently connected with intense mental emotion."

A case is reported in Virchow's Archives for April, 1866, by Dr. Landois with the concurrent testimony of Dr. Lohmer, in a hospital, in which the change was affected in a single night. The patient, a compositor, thirty-four years of age, with light hair and blue eyes, was admitted to the hospital, July 9th, 1865, suffering apparently from an acute attack of delirium tremens. A marked peculiarity of the disease was excessive terror when any person approached the patient. He slept for twelve hours on the night of the 11th of July, after taking thirty drops of *Laudanum*. Up to this time nothing unusual had been observed with regard to the hair. On the morning of July 12th it was evident to the medical attendants that the hair of the head and beard had become gray. This fact was also remarked by the friends who visited the patient, and he himself called for a mirror and remarked the change with intense astonishment. The patient continued in the hospital until September 7th, when he was discharged, the hair still remaining gray. The hairs thus changed were subjected to a microscopical examination. The white hairs were found to contain a great number of air globules in the medulla and cortical substance, but the pigment was every-

where preserved. The presence of air gave the hairs a dark appearance by transmitted light and a white appearance by reflected light. Dr. Landois quotes other instances of blanching of the hair, in which each hair presented alternate rings of a white brown color. A case was reported by Dr. Thomas Erasmus Wilson; in which the white portions of the hairs presented on microscopic examination great bubbles of air, but found no diminution of the pigmentary matter.

An observation upon himself, by Dr. Brown-Sequard, is strong proof of the possibility of sudden change of color in the hair. He observed upon one of his cheeks four and upon the other seven white hairs mixed with the dark hairs of the beard. These he pulled out and two days after he found two hairs upon one side and three upon the other, that were white throughout their entire length. From this observation, which he verified several times, he concludes that there is no doubt of the "possibility of a very rapid transformation (probably in less than one night) of black hairs into white." Dr. Flint says the hair in these cases presents a marked contrast with hair which has become gradually gray from age, when there is always a loss of pigment. How the air globules find their way into the hair there has been no attempt to explain. In the absence of a theory I may be allowed the promulgation of one. The revelations by the microscope of the presence of air in the medulla and cortical substance of the hairs do not teach us that the globules observed are identical with atmospheric air. Any colorless gaseous body would present the same microscopic appearance. The influence of emotions upon secretion is well known. The salivary glands pour out their peculiar secretion in a moment at the sight, or the smell, or the thought of savory food. The flow of the lachrymal secretion from grief and other emotions is familiar to all who travel through this vale of tears. The influence of sudden emotion, upon the terminal branches of the nerves and the capillary blood vessels supplying the face and scalp, is well illustrated in the phenomena of blushing, the blanching of the face and tingling in the scalp, giving rise to the sensation of the "hair standing on end," from

sudden fright. In many animals the hair is erected in certain states of excitement. That a gaseous principle may be evolved in the change which takes place under the influence of emotion in the secretions of the hair follicles is completely within the limits of possibility. The difficulty yet remains of explaining how the air globules, when thus formed at the base of the hair, find their way through the length of it. But the possibility of this can be conceived upon the principles of endosmose, exosmose or capillary attractions.

Regarding the growth of the hair after the death of the body, the evidence chiefly consists in the pretty well established fact that the beard is often perceptibly longer in twenty-four or forty-eight hours after death than before it. Allowance must be made here for the shrinking of the tissues and the receding of the hair follicles, giving rise to the apparent lengthening of the beard. It is a popular belief that the hair of bodies exhumed some months after burial is longer than before death. In some of these instances the growth may be apparent rather than real, in consequence of the falling off and thinning of the hair. At all events the conclusions seem to have been chiefly derived from causal and inaccurate observations, though from what has been conceded by pretty good authority, while it behooves us to remain in modest doubt we should not feel at liberty to insist upon the impossibility of the occurrence.

Book Notices.

Hering's Condensed Materia Medica, Boericke & Tafel, 1877.

The long promised work has at last been given to the profession. The object of this text book of materia medica is to facilitate the study of materia medica and as the author says in the preface, not to supersede the complete materia medica. This object it will certainly

accomplish, the faithful study of this condensed work will bring to the student of materia medica the necessary and practical knowledge of the genius of each remedy. This work is without any exception the best work of the kind ever offered to the profession. That, even with the assistance of two such painstaking gentlemen as Drs. Korndoerfer and Farrington some errors should have crept into this work is no drawback to its general usefulness, and if these errors are brought to the notice of the author, they will no doubt be kindly corrected in a new edition which before long must become a necessity. The setting aside of symptoms which others have found confirmed by the practical experiment, but not confirmed by the knowledge of the author and his assistants, only shows, how painstaking they were in their work. There is for instance "left out" a symptom appearing under *Cactus grandiflorus* in Lippe's text book, symptom twenty-one, "copious hæmorrhage from the anus," confirmatory of the original provings of *Cactus grandiflorus* by Dr. Rucco Rubini, symptom one hundred and forty-five, and by him designated by large print as very important "copious hæmorrhage from the anus." It is certainly better that in such a work, symptoms which the author does not know to be confirmed by his own clinical experience, should be omitted till further clinical experience shows their reliability. Under *Cactus grandiflorus* an error has been copied from Dr. Allen's encyclopedia of materia medica, an error which certainly should be speedily corrected in both of these valuable works. There is to be found in Dr. Rucco Rubini's original work under *Cactus grandiflorus* symptom sixty-four: "*Sensazione di stringimento al cuore, come se una mano di ferro lo impedisse nei suoi ordinari movimenti.*" This was translated by Lippe, "Sensation of constriction in the heart, as if an iron hand prevented its normal movement." Dr. Allen renders this symptom, (two hundred and twelve) "sensation of constriction in the heart as if an iron band prevented its normal movement," and Dr. Hering copies the mistake, page one hundred and ninety-nine, symptom twenty-nine. The constriction is much unlike the similar sensation described under symptom nineteen, which is admirably rendered, the symptom "my heart feels as if it were *clutched* by an iron hand," is not unfrequently described by the sick. The rendition of *Cactus grandiflorus* is otherwise very much to be admired. We are now promised a great remedy when we find an enlarged right or left ventricle, and come to that determination by auscultation which so clearly demonstrates this structural change, and makes us quite certain in our diagnosis when we hear the well established endocardial murmurs; excessive impulse; increased præcordial dullness. These symptoms are a great addition to the provings and observations published by Dr. Rucco Rubini.

The greatest improvements of this work are the carefully stated "conditions" with a reference to previously given symptoms, it will lead to more individualizing than the mere statement that a remedy has aggravations at a certain time, or under certain other conditions, it will at once lead the student to learn what is relieved or aggravated under all the previously given symptoms.

The work should be in the hands of all homœopathic physicians who wish to improve their knowledge of materia medica. The beginner will find his efforts to gain a knowledge of the genius of each remedy well rewarded, and the older practitioner will find many valuable additions to the characteristic symptoms of remedies, which he otherwise might have overlooked. For sale at the pharmacies. Price \$8.00.

A. LIPPE.

Principles of Human Physiology. By Wm. B. Carpenter, M. D., F. R. S., etc., etc. New American from the eighth revised and enlarged English edition, with notes and additions, etc., etc. Henry C. Lea, Philadelphia, 1876.

It is curious how readily we can mark the progress of medical science in the successive editions of a standard text book like this of Dr. Carpenter's. It runs beyond the professional memory of a good many men when Dr. Carpenter's writings were first accepted as authority on physiological questions. Since then a good many other works have appeared, with the ostensible object of furnishing a text book for students in this department. In this connection we may mention Draper, Dalton and Flint, as among the best of their kind. It is no small compliment to Dr. Carpenter that he still stands foremost among the teachers of modern physiology. In all that goes to make a complete work for study and reference, this book is unequalled. The student may be sure of finding the best and fullest discussions of all the late discoveries in this department of medicine. Besides an elaborate explanation of each point there are three hundred and seventy-three illustrations. For sale by Robert Clarke & Co.

Ziemssen's Cyclopædia of the Practice of Medicine. Volume I. Acute Infectious Diseases. William Wood & Co., New York.

This volume includes Typhoid, Relapsing, Bilious and Typhus Fevers, Cholera, the Plague, Yellow Fever, Dysentery and Diphtheria. These diseases are exhaustively discussed, and their pathology written up to date. For sale by Robert Clarke & Co.

Editor's Table.

DR. B. F. DAKE, of Pittsburgh, recently delivered a popular lecture in the hall of Pulte Medical College. His subject was "Transmutations and Metamorphoses" and it was handled with great ability and to the delight of a large audience. The doctor also, by request, delivered before the class of the college, several valuable and instructive lectures on medical subjects. He proved himself a ready and pleasing teacher and made it clear that he has long kept his light hidden under a bushel.

SOMETHING NOVEL in the matter of definition was presented by a certain college professor the other day, when he told his class that *comparative anatomy* was an excellent study as it enabled us to discover the correspondent relations of different sides of the body. Next.

AN ALLOPATHIC professor recently horrified his students by informing them that on a certain occasion a distinguished homœopathic surgeon couldn't pass a catheter into a patient's bladder. Too bad.

HOMŒOPATHIC MUTUAL LIFE INSURANCE COMPANY.—The annual statement of this company for 1876 is received, issued promptly, and in the hands of its policy holders the first week in January 1877. If there is any one quality more than another in the management of a life company that we admire, it is *promptness*. It is prompt in issuing its annual statement, prompt in paying its death claims; prompt in all its business transactions, and we should say strives to inculcate that virtue in its agents and policy holders. Notwithstanding the Centennial, the business depression caused by the election muddle, and the "hard times generally," the progress of the company has been steady and permanent. In 1874 and 1875 the death losses were paid by its interest receipts.

During 1876 the homœopathic mutual has increased its resources; increased the number of members; increased the amount of insurance in force; increased its income; received \$40,104.69 interest; paid \$40,061.00 death losses; and effected more new business than in any former year.

The rate of mortality to total amount of insurance in force, has been for the last three years, less than three-fourths of one per cent.

We do not think any life insurance company in this country offers more advantages or better inducements to the patrons of our school than the Homœopathic Mutual, and we recommend its able manager for Southern Ohio, Wm. G. Fitch, Esq., to our medical men, as one in whom they may place implicit confidence. The statistics (furnished free to physicians) issued by this company are of incalculable benefit to every practitioner. The company is doing a noble work for our cause and we wish it abundant success.

WE WISH to call attention to Dr. Hunt's advertisement of his Sanitarium. It is an excellent opportunity for an investment.

THE next meeting of the Homœopathic Medical Society of Ohio will be held in Cleveland, the second Tuesday in May, Be sure to go.

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T. P. WILSON, M. D., GENERAL EDITOR.

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All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, Cor. 7th & Mound, Cincinnati, O. Terms \$2.50 a year.

CARROLL DUNHAM IS DEAD! How are the mighty fallen! What a wave of sorrow will sweep over many human hearts when these sad words are spoken! On the 18th of February, 1877, at peace with all mankind, and his God, this noble man fell asleep. In the quiet of his own home, and in the midst of loving friends he quietly laid down his great life work, and so rested finally from his labors. Would to God he had had a thousand lives to live! But he could have made none of them more glorious than the one he has just terminated. Carroll Dunham was a hero. For many years he stood in the front of hard fought battle fields. Carroll Dunham was a martyr; for his life was sacrificed in the defense of truth. All he had of his abundant wealth of heart, soul and mind, were freely given to the cause he loved so well. But Carroll Dunham is not dead. He lives in a higher realm—in the love and memory of the school of medicine he grandly adorned. The seeds of his pure thoughts, and God-like aspirations, will ripen through coming years, and bear precious fruit for humanity. With a steady and unfaltering hand he wrote his own sublime history on the scroll of time. It bears no stain of ignorance; it is not tainted by envy; it is not marred by error; it is not clouded

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by suspicions; but crystalline as his own soul, his work remains to be read and admired by the generations that follow after him. High as he stands to-day he will rise into loftier proportion, as he slips backward into the receding, but never to be forgotten past. The eternal law of conservation of force will hold him abidingly amid the activities of the future. The mantle of a great and useful life has fallen from his tired shoulders to rest on the arms of his successors, who will live to carry on the work for which he died. Let us thank God for Carroll Dunham, and strive to emulate his loving and successful life!

THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO meets in Cleveland the second Tuesday in May, 1877. An extra effort is being made to secure a large attendance, and the presentation of full reports from the several bureaus. One individual in Cleveland is fully awake to the occasion and he writes us: "I tell u in the name of God humanity and Homœopathy we must hav a better state society this year than last. I tuk to u nobel sur to rous the drs. from there lethargy and bid them cum to the Forest City where we will in the name of Hahnemann welcum them and use them handsumly. Tell my frend Owens to be sure and cum, I like him becaus he stands up and fights like a man. He is worth a duzen common drs. in keeping up the interest of the convention. Now sur rore with you shrill voice and bid them cum and bring some papers of interest with them—if nothing more than an old number of the ADVANCE." This gentleman is not so illiterate as he seems to be, else he would not be so appreciative of our journal. We commend his spirit, and hope he may prove contagious to all the members, excepting the bad *spell* he seems to have on.

MAL APPROPPOS.—We protest. For heaven's sake let us have one thing at a time. Theology *per se* we don't object to, but what is the use of mixing it up with medicine? We like science, but cant we abhor. It would be very unwise to suppose that medical men were all Presbyterians. Yet there are plenty of our writers who assume that we are all Christians. And they never hesitate to interlard their writings with pious phrases and doctrinal statements. A man who can not separate his theology from his medicine should not attempt to speak publicly upon either subject. Before us lie several fresh instances of piety without taste. One man in a public address at a college commencement, advises the student to embrace two things, first, a wife, and that frequently, and secondly, the religion of Jesus Christ. Another in a published lecture, refers to Christ's making the deaf to hear, and speaks of it as "The first time

one of their (deaf mutes) number received his lost senses," and quoting Dr. Wilde says: "It was reserved for Christianity to conceive the noble idea, and for modern genius and perserverance to perform the exalted work of developing the faculties of the unfortunate deaf mutes, etc." The editor of the *Homœopathic Review* (London) in answer to a scientific discussion of death, by a contemporaneous writer, says, "We were under the impression that death was a part of the curse imposed on man for Adam's sin." Now if medical men were all Christians and evangelical at that, such ideas might be received as properly a part of medical science. But the fact is we are not all Christians. A great many are Pagans, and many are Jews, and among those nominally Christians we have widely diverging views of religious creeds. And so if one man believes in miracles, that is his private business, and if another believes in original sin, why flout the creed in the faces of those who think differently? Not unfrequently we receive communications containing fearful thrusts at Catholicism, and we see such occasionally printed in medical journals. This is all wrong. We should be too cosmopolite and genuinely Catholic to mar science with our petty creeds.

The Physiological Livery. By Dr. Ad. Lippe, Philadelphia.

A phrase has for a year or two been used by men who were trying hard to find an excuse for the putting on of the fashionable garment, by us designated as the physiological livery. These men were in the habit to say on all possible occasions, "If Hahnemann had lived in our days of progress in medical sciences he would have modified his views." Like all such phraseologists who really never know what they are talking about, or what they were after, they kept on repeating the phrase, and while they did not they could not explain themselves as to the modifications they thought Hahnemann might have made, much less the precise reasons why he should have made any modifications, except to please the

Again we are asked, "if our science of therapeutics be not capable of adapting itself to, or dovetailing with, or making subservient to its uses any exact related physical science, is not that part a condemnation of our therapeutics?" We take the liberty to say most positively, No! Our therapeutics can not, never will be, made subservient to or adapt themselves, or dovetail with any exact related physical science. Our therapeutics stand on their own merits, and if they, standing on their merits, can not make subservient to their uses any so-called exact related physical science, then that fact would be a condemnation of our therapeutics. And we go much further, and while we, as students of medical sciences accept pathology as a science of observation, but as healers, we can not make our therapeutics subservient to that science; we as homœopaths will in the course of time shed some light into the darkness of the present pathology, and this light will emanate from a faithful adherence to our therapeutics, from a diligent pursuit of obtained facts. Fond as we are of illustrating our propositions we shall try it again, still as has been our habit asking our friends who do not feel inclined to see things in the same light as we do, to also illustrate; we can scarcely hope that they will "condescend" to meet us in that way. The knowledge of pathology enables the healer not only to diagnose correctly but also to prognosticate with certainty, and this ability to "prognosticate" creates "confidence" as Hippocrates well knew. Three months ago a lady twenty-five years old, an artist, came under my treatment suffering from what she termed asthma. The history of the case was this: About two years ago while residing in London she was with a number of children exposed to the whooping cough, the children all contracted the whooping cough, while this lady also suffered from a cough which was treated by a learned specialist in London, he pronounced it "bronchitis" and accordingly administered. The lady was sent to Brighton and there became asthmatic, returned to London and the learned pathologist tortured her for six weeks; at last a diarrhœa ended the attack and she was then ordered *Arsenic* for six months daily three times,

besides other tonics. She was reduced to a skeleton. This summer she returned to her native city, Philadelphia, and was again attacked as before, violent asthma for which she took first *Lobelia* in large doses, each dose for the moment palliating the asthma; but finding no permanent benefit, and growing worse under that palliative treatment, she desired homœopathic treatment. What is the matter with me? Was her first question, after a careful examination of the history of the case as well as of the lungs. You are only artificially sick! Your specialist is no doubt a very learned man, but he is not a healer; he made you very sick and you will not recover till you have a little exhibit of the whooping cough. You never had bronchitis. The first remedy administered for the nightly return of the asthma, which did not permit her to lay down, but made her very restless, was a solution of *Arsenicum* cm (Fk.). The great restlessness ceased, she began to cough and expectorated great quantities of white ropy phlegm. Can not lay down. *Coccus. cacti.* cm (Fk.) very much relieved her for a fortnight. Now came another exhibition of the disorder; the cough is much worse, shaking her all over, worse from nine p. m. till one and two a. m. Diarrhœa also appeared, very frequent, dark, almost black, loose, painful evacuations with much mucus, violent palpitation of the heart in the evening. *Phosphor.* cm (Fk.) given in a solution of water, every two hours a teaspoonful, for twelve hours relieved the palpitation of the heart, the diarrhœa and the wheezing breathing. She could now lay down, but in another week the cough came on in paroxysm, coughed more at night, the irritation was described as coming from the diaphragm, causing a catching of her breath, and a real hoop. A single dose of *Drosera.* cm (Fk.) very soon relieved her and she has since then been free of any complaints. Did the learned specialist know what he was about? Can we learn much from these learned men, or must they learn from us? I have tried to illustrate that they must learn thus from us, not we from them. And in conclusion we make bold to say, that a further really scientific development of pathology has to come from us, through our therapeutics,

that the brethren, of the old school must come to us, and accept our formula and our therapeutics, but that we do ourselves a wrong if we try to catch them by donning their livery.

Theory and Practice.

Facts About Hair. By D. B. Morrow, M. D., Cincinnati, O.

Having observed for a long time in almost every assembly of people, large or small, the large proportion of bald heads, it occurred to me that some facts about the hair would interest at least those in danger of losing that appendage, and furthermore, since the number of patent medicines and quack nostrums, for the cure or removal of any prevalent ill, is a good measure of the ignorance of the medical profession on that subject, the family physician having failed to remove the trouble, the quack comes promptly forward with his "sure cure for all ills" and this one in particular, and gathers the harvest that should have rewarded the regular practitioner for a little extra investigation of the subject. Usually the patient loses his money and retains his distress, and settles down into the conviction that he is an incurable; and that doctors don't know very much any way, since he has tried them and all the patent quack nostrums in the market, and is not cured. This is in my opinion inexcusable trifling on the part of the physician consulted. For the hair and its diseases the market is flooded with numberless washes, dyes, tonics and other nostrums, each as worthless as the other; hence this paper written not for the purpose of enlightening this society on the subject, but to provoke a discussion from which some light may radiate into the darkness.

Anatomy and Histology:—The hair belongs to the tegumentary system; it is located in tubular depressions in the

skin, the so-called hair follicles, from which it grows or rather projects, and seems a peculiar modification or development of that membrane, consisting essentially of the same structure; it is developed in the human animal on the scalp, face, pubes, axilla and along the palpebral and ciliary margins; it is a cylindrical horny structure, terminating at its free extremity in a point, at the other extremity, which is located in the hair follicles, in a bulbous expansion, within which projects the hair papilla of the hair follicle; the shaft of the hair is composed (in the larger ones) of medullary substance, and a cortical layer serrated on the edges and containing pigment granules, which in part determine the color of the hair, and it is in part determined by small air cells situated in the cortical layer. In gray hairs and in those of the albinos, these pigment granules are absent, and the cortical substance consists of a silvery mass; the root or portion of the hair surrounding the papilla, and filling the lowest part of the hair follicle, is formed of nucleated cells which resemble those of the deepest layers of the rete mucosum; these nucleated cells are of various forms, cylindrical, flattened, polyhedral, etc. The hair follicle is an indenture of the corium, and in the longer hairs is situated in the subcutaneous cellular tissue; it consists of three layers, an outer, middle and inner. The outer and middle layers and the hair papilla are abundantly supplied by blood vessels and nerves, which anastomose about the root of the hair. The papilla is supplied by two arteries which anastomose with two veins at their terminal extremities. Each hair follicle is also supplied with two muscles, *erectores papilles*, situated in the skin and which by contracting elevate the hair above the surrounding tissue, producing "goose flesh" when contracted by chill, and causing each separate hair to stand on end when contracted by fright. Each hair is also supplied by one or two sebaceous glands whose ducts discharge into the hair sac. Hair is developed in the embryo at the end of the third month or beginning of the fourth, and is not completed until the individual development is completed, and the individual is endowed with his highest physiological function; this period is called

pubescence, when the hair appears on the chin and pubes in the male and on the pubes in the female. The non-appearance of the hair at this time may indicate an arrest of development of the individual or the disease of the sexual system. This is further indicated in the change of plumage of feathered animals during the nesting and brooding season, the male bird assumes a gay plumage and makes the grove vocal with his warblings; this function being performed, he changes his coat to the sober lines again. It is said that the stage of growth attained by the antlers of the stag, whether of one or more, at the time he is castrated will remain afterwards. It is further said that castrates or euneuchs never become bald. All this shows how intimately the development of the hair is connected with the sexual system. That it may be useful as symptomatic indication is quite probable. The hair having attained a certain growth or age is cast off, (or shed) and is replaced by a newly developed hair succeeding to and projecting from the place of the old one. The old hair dies and falls from a lack of the production of new cells around the papilla. According to Pressadeki, "The old hair having been cast off, the follicular sheaths which in consequence of their muscular composition exercise a constant pressure on the contents of the hair follicle, continually crowds the hair bulb, together with Huxley's membrane outward, and contracts in such a manner as to press the vitreous membrane upon the papilla and cause the walls of the vitreous membrane to touch farther out." The new hair is developed from the old papilla in the above described manner. This furnishes a convenient illustration for the physiologist and pathologist of the death of a part, independently of the remainder of the individual and termed molecular death. The hair is only replaced in healthy conditions of the system. Its death may be premature and not be replaced, this condition is termed alopecia or falling off of the hair, and is the chief consideration of this paper. It may result from severe illness as typhoids, or from nervous or other protracted headaches, or from the abuse of *Mercury* in the treatment of syphilis or other diseases, or from a general malnutrition of the system

producing an atrophy, or from purely local diseases of the scalp, which injures the hair follicle and prevents the formation and growth of the new hair. Alopecia occurs more frequently in men than in women, and in the former more frequently above the line of the hat than below it, which indicates that the hat (the tile) is an injurious article of apparel. This supposition really admits of the following explanation, that the nutrition of a part depends upon the healthy supply of nerve force, and of blood containing the necessary material for the formation of the new cells necessary to replace the dead ones thrown off. The hat by its pressure around the head interrupts this supply, and death from starvation is the result. The perspiration and heat of the head confined by the hat produces an unhealthy or atonic condition of the scalp, or may produce other diseases of the scalp prejudicial to the healthy growth of the hair, or it may be because of the greater thought and worry of the male sex. The conclusion that the hair frequently falls from want of nutrition, is sustained by the fact that an unusual or hypertrophied growth of hair sometimes occurs on or near chronically inflamed parts, which inflammation causes an unusual flow of blood to the part which develops the small hair (lanugo) of the skin into large and long hair.

The habit persisted in by the ladies of wearing false hair or jute, or of swelling the apparent volume of the hair by rolling cotton, etc. into its texture is very objectionable, from the fact that the hair pins, used to fasten the shams in place, cut and ruin the natural hair, that the wadding diseases the scalp, inducing the early fall of the hair, and an attending inability to reproduce it, and further the unnatural heat produced by such dress muddles thought. Every one when perplexed by study has experienced relief by running the fingers through the hair. Such dressings are usually worn on the reputed selfish and animal organs, by increasing the heat in those parts induce increased activity of those organs with consequent moral obliquities of which the individual would otherwise be innocent. It is more than probable that the nervous centers control the health of the whole body,

and that certain portions of the brain send nerve supplies to certain portions of the body, and that by deranging the cranial circulation by modes of dressing the hair, the health of the portions of the body supplied by this part of the cranium is likewise deranged, and consequently all the system in general. This view may assist in explaining the cause of the large number of nervous diseases females suffer from. If the patient wears some one's else hair that person's disease may lurk in the discarded tresses and be thus communicated to the wearer. Again the psychic nature of the first possessor of the hair may be in some degree imparted to the second, the more if the latter be sensitive, which in many instances would be alike disagreeable. This fashion is morally wrong not only in making one's hair appear more luxurious than it really is, but also in concealing the true shape of the head, and the true character from those who can read, which is also wrong, no one should carry concealed weapons, if good or bad let the world read it if it can. It will be conceded I think by all parties that a dress alike uncomfortable, unclean, unsightly, detrimental to good health and good morals should be at once and forever abandoned, and that nature's locks, ringlets or tresses, should alone be displayed. When alopecia occurs prematurely the hair is replaced by small undeveloped lanugoes or silky growth of atrophied hair. The hair may become prematurely gray. This result may be inherited, some families becoming gray much earlier in life than others. It may also be caused by grief, or mental depressions, or from nervous headaches. In such cases it may return to its normal color on the subsidence of the cause, as has occurred under the observation of this writer. An instance is related by Dr. Carpenter, who refers to a lady whose hair would become gray in a night from nervous headache, and would resume its wonted color in a few days after the ache had ceased. The hair may become suddenly gray from fright, an instance of which is related in Horry's life of Marion, when McDonald chased a British officer, Captain Meriot, who narrowly saved his life by escaping into a swamp; when he entered the swamp his locks

were beautiful auburn, in the morning "gray as a badger," and so remained. The gentlemen, Major Horry and Captain Meriot, met in New York, after the war, and talked the adventure over. The writer witnessed a partial whitening supposed to have been caused by fright from having a pistol snapped in the patient's face with intent, etc. The writer of this observed in his own case, after great mental depression, several of the long hairs in his whiskers become white, allowing them to remain, he was surprised to observe in a few days one-half of the hairs white and the other the normal color, and his health improved as they returned to their normal color, and so remained. The attention of other persons was called to the phenomena at the time. These are examples of the effects of the nervous system on the secretions. The following is in point related by a patient. A pregnant woman witnessed the exhibition of the hairy woman. The child at delivery was covered all over its body by a thick growth of hair an inch long, which was subsequently cast off, leaving only a slight peculiarity in the hair at the back of the head as an example of the effect produced on the hair through the organic nervous system. A bucket of water, fresh from the well, will make the hair "stare" or stand out, while if allowed to warm in the sunshine will produce no such effect.

Treatment:—It may seem at first blush that it matters little whether falling off of the hair or alopecia be treated or not, since it only changes or disfigures the appearance of the patient; but if it be true as taught by Fraeverinus, and explained by Paget, that each part of the body stands to every other part, in the relation of an excretion, and that when any portion of the system is destroyed, the constituents of the blood necessary for the growth of such parts being retained in the circulation acts as an irritant, preventing and deranging nutrition in other parts, and by this means disturbing the circulation, and producing disease, it might become of more serious import than mere good looks. The allopathic school uses principally washes or unguents, among which may be mentioned *Castor oil*, and the *oleine of Olive oil*, and *Vaseline*,

as of possible benefit in softening the scalp, and of little harm, When a small quantity of either of these substances is well rubbed in about the roots of the hair by a well disposed person, or by one possessing a magnetic touch, it may be very beneficial to the growth of the hair, and also to the nervous circulation and health of the patient. Bathing the hair in salt water is commended, but I have the testimony of a lady, that she lost her beautiful hair when young by (or from) a season's sea bathing. A weak solution of *Borax* or of *Ammonia carb.*, may be less objectionable for cleansing than soap, especially if the soap is made of animal oils. Warm water and German castile soap cleanses the hair and scalp nicely; the soap should be well rinsed out of the hair with cooler water; the scalp should not be scraped with a comb to remove dandruff, or in dressing it, and it should not be roughly irritated with a stiff brush which only tends to further disease the scalp and increase the malady, but should be worn short, and gently treated as above directed, together with the use of the following remedies, when indicated, will restore the hair to vigorous growth:

Kali carb., when the hair is peculiarly dry and dead.

Phos. acid., after great anxiety, or grief, or sexual excesses.

Calc. carb., *Conium*, *Graph.*, *Lycopod.*, also *Ambra grise.*, *Ammonium carb.*, *Baryta*.

Calc. carb. for persons who were fat when young; light haired; fair, and who perspire much about the head.

After nervous fevers, *Kali c.*, *Nitric ac.*

After chronic headaches, *Hepar s.*, *Phos.*, *Sepia*, *Phos. ac.*, *Silicia*, *Sulphur*.

Single bald spots behind the ear, *Phos.*

Itching and scales on head, *Kali c.*, *Bry.*, *Calc. c.*, *Graph.*, *Ars.*, *Sul.*, *Conium*, *Tar. emet.*, *Stibium*.

Baldness of young people, *Baryta c.*, *Lycopod.*

After abuse of *Mercury*, *Hep. s.*, *Aurum.*, *Graph.*

For falling out of whiskers, *Graph.*, *Natr.*, *Mur.*, *Calc.*

When assimilative powers are disturbed with dry skin and scalp, and want of nutriment to hair follicles, *Arsenicum*, *Kali c.*

For grayness the "regulars" have a multitude of washes, mostly composed of some preparation of lead, which combines with the sulphur of the hair and blackens. A preparation of copper is also used to make the hair light or flaxen. These washes are all pernicious, as are all cosmetics, producing neuralgias, various headaches, and general derangement of the nervous system. I have had at least one patient who lost her health from the use of Hall's vegetable hair dye. It produced a chronic lead dyspepsia, that yielded for a time to antidotal treatment, but the health was so impaired as to soon terminate fatally. Other similar cases have been related to me resulting from the same wash. The vain must suffer the consequences of their vanity.

Colds may be contracted from cutting the hair. It is said these may produce convulsions in children. For such ailments *Bry.* or *Bell.* would probably best meet the condition.

This curious statement I have heard made, which is, that the hair, in some instances continues to grow after the death and interment of the individual; which seems to prove that although somatic death had occurred, molecular life still continued. Or that the ganglionic nervous system continues its functions after the cerebro-spinal had ceased its functions. This is probably illusory, as the fact does not seem well attested (although it has been so stated to me by different observers,) of more than an apparent growth caused by the drying and shrinking of the tissues, which forces the horny substance of the hair to project from the skin to some small extent.

Further facts I have not to offer, nor have I offered anything new, but if I have succeeded in provoking inquiry that may save some patient his most distinguishing feature from the lower animals, and from other races of men, then the object of this paper is accomplished.

All of which is respectfully submitted.

Blue Glass.

The mania for blue glass is on the increase. It took its present rise from General Pleasonton, a lawyer of Philadelphia. We give his experiments as stated by a correspondent of the Chicago Tribune for what they are worth.

He built a large grapery, covered with glass, every eighth row of which was blue. By this arrangement, the sun, in making its rounds,

CAST A BLUE RAY OF LIGHT.

upon every plant and leaf within the grapery. In April, 1861, he set out twenty varieties of grape-vines in his grapery, all of the cuttings being one year old, the size of a pipe stem, and cut close to the ground. The vines soon began to show a most vigorous growth, and in a few weeks the grapery was filled with vines and foliage. By September—or five months after setting—the seedman who had furnished the cuttings made measurements, and found that the vines had grown forty-five feet in length, and were an inch in diameter a foot above the ground. These vines attracted great attention in the neighborhood, but it was predicted that, owing to this unusual growth, they would not bear fruit. Next year, however, the vines displayed the same vigorous growth, and, in addition, bore over twelve hundred pounds of luscious grapes of unusual size. This was more astonishing to horticulturists than the growth of the vines but from that day to this the vines have kept up the same vigorous growth, being entirely free from disease and destructive insects, and bearing with proportionate prolificness. How remarkable this result is will be appreciated when it is known that, in grape-growing countries, the vines do not bear fruit until the fifth or sixth year. Having been so successful in his first experiment with vegetable life, General Pleasonton next tried the effect of

BLUE LIGHT UPON ANIMALS.

His first experiment was with a litter of pigs, which he placed in a pen which was lighted by blue and plain glass,

inserted in the roof in equal proportions. This litter gained wonderfully in weight, size and strength, and at the end of a few months, were found to weigh very much more than a similar litter raised in the usual way. He next experimented with an Alderney bull-calf, which was so puny and weak at its birth that the manager of the farm said it could not live. It was put under blue glass, and in twenty-four hours it was able to stand up, and was taught to drink milk; in four months it was a perfectly developed bull, strong and vigorous, and was turned in with the herd of cows, and has since fulfilled every expectation regarding him. Subsequently, other experiments gave him confidence, and now all his cattle are raised under blue glass, showing great vigor and the most surprising precocity. A heifer becomes a mother when fourteen months old, and the cows and their progeny are healthy and strong, and the former are great milkers. It is generally held that heifers should not bear young before they are four years old, but, under the influence of blue glass, they do so, without injury, when eighteen months old thus saving the expense of keeping them through two and a half years. The beneficial effect of the associated plain and blue rays of sun's light upon vegetable and animal life having been demonstrated, to the wonder and amazement of all who had observed the experiments, their effect was tried upon

VARIOUS SICK PERSONS.

The most astonishing results have been obtained, which are certified to in such manner as to leave no doubt regarding them. Commodore Goldsborough who had read something regarding General Pleasonton's discovery, relates the case of a lady who prematurely gave birth to a child, which was weak and puny, weighing but three and a half pounds at birth. There were blue curtains to the windows of the room in which the child was reared, and these were arranged so that the light, entering the room, came about equally through the blue curtains and the plain glass of the windows. The child began to thrive, developed a tremendous appetite, while the lacteal system of the mother

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was greatly excited, and her supply of milk greatly increased. The child grew rapidly in health, strength and size, and, at the end of four months, weighed twenty-two pounds. Commodore Goldsborough experimented with two broods of chickens, placing one under blue glass, and the other in an ordinary coop. The former soon showed the stimulating effects of the blue glass, their growth being almost visible from day to day, and their strength, size and vigor far exceeding that of the chickens in the ordinary coop. This is testimony from a gentleman of high standing, who is in the habit of carefully weighing his words. The

WIFE OF A PHILADELPHIA PHYSICIAN.

was suffering from a complication of disorders, and the medical fraternity of New York and Philadelphia could do nothing for her. Her husband, Dr. Beckwith, writes that she was suffering from nervous irritation and exhaustion, which resulted in severe neuralgic and rheumatic pains, depriving her of sleep and appetite for food, producing great debility and a wasting away of the body. The lady and her husband had abandoned hope of her recovery. Gen. Pleasanton recommended the trial of the blue glass, and accordingly Dr. Beckwith arranged one sash of a window with alternate panes of blue and common glass. His wife then exposed to the effect of the associated rays of blue and plain light, those portions of her body which were affected by neuralgia. In three minutes she experienced relief, and in ten minutes the pains disappeared. With each application of the associated lights, her pains became less, her appetite and strength returned, and in three weeks she was restored to her normal healthful condition. This lady had been losing her hair in consequence of her sickness, there being several bald places on her head. Under the stimulating effects of the blue glass, the hair began to grow vigorously, and the bald places were soon covered with a luxuriant growth of hair. Dr. Beckwith, in relating this case, says: "From my observations of the blue and sun light upon my wife, I regard it as the greatest stimulant and most powerful tonic that I know of in

medicine. It will be invaluable in typhoid cases, cases of debility, nervous depression and the like."

TWO MAJOR-GENERALS,

old friends of General Pleasonton, were afflicted with rheumatism in their forearms, from their elbow-joints to their finger-ends, so severe at times that they were unable to hold pens. They determined to "try Pleasonton's blue glass," and accordingly obtained a piece of blue glass and set it up loosely in one of their windows. For three days they bared their arms and held them in the associated blue and sun light for thirty minutes. Each day brought them relief, and at the end of three days the rheumatism had disappeared. Two years later they both informed General Pleasonton that they had not had a return of rheumatism in any form. A little child that had, from its birth, scarcely any use of its legs, was taken to play daily in a room where blue glass formed a portion of one of the windows. In a very short time it obtained the use of its legs, and learned to walk and run without difficulty. Numerous other cases are mentioned in General Pleasonton's book, showing that there can be no question of the stimulating and curative effects of the associated blue and sun light. But I prefer to give my own experience, and then follow with General Pleasonton's explanation. A lady of my family, about six weeks ago, had a

VIOLENT HEMORRHAGE OF THE LUNGS,

and for ten days raised more or less blood daily. She was very much weakened by the loss of blood, and considerably frightened withal. I obtained some blue glass and placed it in the window where she was in the habit of sitting, the blue glass constituting one half of the lower sash of the window. The lady sat daily in the associated lights, allowing the blue rays especially to fall upon the nerves of the back of the neck for about an hour a day. The second day, the sun's rays being unusually strong, she got "too much blue glass," and at night felt peculiar sensations in the back of the neck, among the nerves, and an unpleasant fullness in the head. These sensations wore off next day, and since then she has not remained so long at a time under the blue

glass. But from the first she began to grow stronger, her face soon gained its natural fullness, and in a week she was, to all appearances, as well as ever. Of course, she was not cured of the trouble in her lungs in so short a time, but the soreness in her chest has passed away, and she begins to feel well again. After sitting in the associated light for a week, a large number of red pimples came out on her neck and shoulders, an indication that the treatment was bringing out to the surface the humors of the blood. In a letter to me General Pleasonton says: "I am satisfied that if this treatment shall be continued through the Winter and Spring, any tuberculous development that may exist in the lungs will be arrested, its pus absorbed into the circulation, and then thrown off from the blood in the excretion, (as has occurred already in the spots on the body,) the wounds of the tubercles will be cicatrized and the lady restored to a condition of good health." In the same letter General Pleasonton relates an agreeable incident which occurred to him but a few weeks since. A lady and her daughter called to see him, and announced that they had come from Corning, New York, to Philadelphia, for the express purpose of thanking him for

SAVING THE DAUGHTER'S LIFE.

Four years ago she was afflicted with a violent attack of spinal meningitis. Her sufferings were indescribable but continuous. Every conceivable remedy had been resorted to during these four years, but the patient received no benefit. Her nervous system at last became so disordered that the slightest sound or the most gentle agitation of the air threw her into the most agonizing suffering. She was wasted away in flesh, could not sleep at night, had no appetite, and her life was despaired of. Hearing of General Pleasonton's discovery in associated lights, her parents determined to try it. A bay window was fitted with alternate panes of blue and plain glass, and the young lady sat daily in the light which streamed through them. Her physicians, of course, laughed at the idea, pronounced the whole thing a humbug, etc., as is the habit of professional gentlemen whenever any new idea is broached. The physician was dismissed, and

the young lady relied wholly upon the blue glass treatment for her restoration to health. The lady says that on entering the room thus lighted the pains from which she was suffering almost immediately ceased. They would return in a modified form on leaving the room, but grew less from day to day. Very soon her condition began to improve, her appetite returned, and with it her strength; she began to gain flesh, her sleeplessness disappeared, and, in short, she was speedily restored to health.

HOPE FOR THE BALD-HEADED.

A singular feature of this young lady's case was that her hair all came out, and she became as bald as an egg. Her physician examined the scalp with a microscope, and declared that there were no roots of hair remaining, and that, consequently, she would never again have a natural head of hair. This announcement, to a young lady, was worse than would have been the reading of her death warrant. Better the cold grave and its attendant worms than to go through life with a wig. Under the blue glass treatment, however, the hair did begin to grow, the young lady discarded her wig, and when she called upon General Pleasonton she showed him a luxuriant growth of hair, which any young lady might envy. She was profusely grateful to the General for having restored her hair, and incidentally saved her life. So much for examples and illustrations. These and numerous others which I might cite, if you had space to print them, show that the blue associated with the sunlight have a wonderfully stimulating effect upon both vegetable and animal life, and have cured some diseases with which the human family is afflicted. If they will do this, everybody ought to know it, for the treatment costs nothing, and is a great saving of doctors' bills. Now for

GENERAL PLEASONTON'S EXPLANATION

of the curative effects of the associated lights. In his letter to me he puts it thus tersely: "Sunlight passes through plain transparent glass with very slight obstruction, as it does through the atmosphere and ether of space; it produces no heat, for the glass remains as cold as the outside atmosphere

while the sunlight passes through it. When, however, the adjoining sunlight, moving with the same velocity as the first mentioned, viz: 186,000 miles per second, falls upon the blue panes of glass, six of the seven primary rays of sunlight are suddenly arrested by it, only the blue ray being permitted to pass through it into the apartment. The sudden stoppage of these six rays of light, with this enormous velocity produces friction; this friction evolves negative electricity, which is the electricity of sunlight passing through the cold ether of space and our cold atmosphere, both of which being negatively electrified impart their electricity by induction to the rays of sunlight as they pass. The blue glass is oppositely electrified. When these opposite electricities, thus brought together, meet at the surface of the glass, their conjunction evolves heat and magnetism; the heat expands the molecules of the glass, and a current of electro-magnetism passes into the room, imparting vitality and strength to any animal or vegetable life within it. When the atmosphere of the room becomes thus electro-magnetized, its inhabitants can not fail to derive the greatest benefit from being in it." General Pleasonton's book is devoted to the scientific discussion of his theory, and to the recital of proof to sustain him. He boldly combats many theories which have been accepted as established principles, and ably puts forward his own as a substitute. For instance, he denies the

NEWTONIAN THEORY OF GRAVITATION,

affirming that there is no such thing. He holds that electricity is the all-controlling force of nature, and by and through it we live and have our being, the earth revolves, the planets are sustained in their several places, and all that. He further denies the accepted theory that the sun is an incandescent body, throwing off heated rays, and that there is any heat in the sunlight. He argues that the earth is surrounded by an envelope of atmosphere and ether, which has been proved to be of a temperature minus one hundred and forty-two degrees centigrade, and that it would be absolutely impossible for the sun's rays to penetrate this cold envelope, for a distance of ninety-two millions of miles and preserve any portion of heat whatever.

According to Pleasonton, all our heat is evolved from the earth, and the heat and cold of our atmosphere are regulated by the distance of this cold envelope from the earth. not being a scientist, and not having much time or space at my disposal, I shall not pretend to explain General Pleasonton's ideas. Let those who wish to read his book send to Scribner for it, inclosing two dollars, and they will get it. But "the proof of the pudding is in the eating." While I can not explain scientifically the operation, I know that the blue light in conjunction with the plain light, has produced wonderful effects, both in curing diseases and otherwise. It costs nothing to try it, for, although a patent has been issued to General Pleasonton for his discovery, he has not sought to profit by it. Let

WHOEVER DESIRES TO EXPERIMENT

with it, whether upon vegetable or animal life, go ahead. If upon vegetable life, the proportion of blue glass to transparent should be about one-eighth, if upon animal life, let it be about equal—one-half blue and one-half transparent. The glass used is a dark purplish blue, and can be obtained almost anywhere. Get a few panes of it cut to the size of your window panes, and insert them alternately in the sash, and then let the lame, the halt, and the blind sit within its influence. It is soon tested, and at a trifling cost. The results already obtained and certified to by men of known character and standing are sufficient to make ridiculous the one who would cry "humbug." Facts are facts, and can not be wiped out. Whatever one may think of General Pleasonton's theories, or his explanations of the results obtained by his experiments, no one who reads his book can doubt but these results have been obtained. In France, his book attracted the attention of the best scientists, who are now experimenting with the blue glass. What results have been obtained is not known. All scientists admit that electricity is a force regarding which very little is known. They are all striving to learn more regarding it, and to make it more subservient to the will of man. Perhaps General Pleasonton has got

A STEP IN ADVANCE

of all of them, and holds the key of the puzzle in his grasp I should add, however, that he is exceedingly modest regarding his discovery, and says: "I do not profess to teach any one; but, as a human atom among the masses of mankind, for whom all knowledge should be disseminated, I venture to impart to the public the conclusions to which I have arrived on these subjects, and the public may attach to them whatever value they please." When I see a near and dear relative daily advancing from sickness to health, gaining strength and vigor from the application of his theory, I, for one, attach very considerable weight to it. In the hope that others may be induced to experiment in this direction, where no possible harm can follow, and much good may result, I have written this letter.

Homœopathy.

The question is often asked, what is Homœopathy? Here is a definition given by Dr. Samuel Swan, of New York, and though it may not accord with the views held by some of our readers, and may not be considered entirely new, it has the virtue of simplicity and represents the position held by a large and influential portion of our school. A good many of our readers are in the attitude of enquirers and we can only say to them, this is a definition to be carefully studied and adopted when they see that it is true.

HOMŒOPATHY.—Is a healing art, founded upon the discovery of Hahnemann, that a drug which can produce a symptom, or a group of symptoms in a healthy person, will cure the similar symptom, or group of symptoms when occurring in the sick.

"The totality of the symptoms constitute together the true and only conceivable form of the disease."—Hahnemann,

The Homœopathic Materia Medica is the record of the effect of drugs upon healthy persons.

In prescribing, the true homœopathic physician first ascertains all the symptoms of the patient, by the most careful investigation, writing them down as the latter relates them, so that not one may be forgotten; he then searches the Materia Medica, (aided by the Repertory or Index thereto) till he finds that drug, which beyond all the rest, produces symptoms most nearly like those of the patient; this drug is the homœopathic remedy for that case.

As no two cases of sickness are exactly alike, it will be seen that this process of ascertaining the right remedy, involving, as it does, the health, and possibly the life of the patient, cannot be accomplished hurriedly and in a few minutes, but requires time, and in complicated and especially chronic cases, considerable time, study, and careful thought. It is a painstaking work.

The Single Remedy.—Only one remedy must be given at a time, and should be allowed to act till its effect is exhausted, when it may become necessary to select another remedy most similar to the changed and remaining symptoms.

This rule absolutely precludes the alternating, or the mixing of remedies, or using any but that one remedy best indicated by its similarity to the totality of the symptoms.

The true homœopathic physician never deviates from this rule, or employs purgatives, hypodermic injections, sedatives, mustard plasters, blisters, leeches or any other palliative.

In diseases of the skin, scalp, ears, nose, throat, or sexual organs no local treatment, such as ointments, washes, douches, gargles, injections, or cauterizations are employed, for they are not only unnecessary, but are apt to change the location of the disease, and thereby induce dangerous complications, and they never permanently cure, and such treatment is not homœopathic.

This is clearly shown in the writings of Hahnemann and many of his followers.

The potentization of drugs, by the process of triturating, diluting and succussing, wonderfully heightens their curative powers, and develops medicinal properties previously latent, and many substances supposed to be inert or innocuous, become powerful remedies.

By this process, the pernicious effects of crude drugs are avoided. These highly dynamized medicines, (which are without color, taste, or odor) are in all cases, when accurately selected, the most efficacious, and in inveterate chronic cases, they only can effect a perfect and permanent cure.

These are the principles of genuine unperturbed homœopathy, as taught by Hahnemann, the founder of the system, and followed by all his true disciples.

S. SWAN, M. D.

General Clinics.

CASES FROM PRACTICE.—By A. C. Rickey, M. D., Dayton, O., Feb. 14, 1877.—CASE I. VOMITING OF PREGNANCY.—*Pulse*. cc.—Have cured with this remedy according to its usual indications. Vomiting of ingesta after each meal; frequent eructations of sour, hot, rancid food; foul taste. *Pulse*. cc has never failed me for these symptoms, and relief often sets in after the first dose. In some cases I have only given four doses. *Bry*. 30, nausea on waking in the morning; constipation, head ache, etc., as usual. Made a fine cure with this remedy in one case. Have also had very satisfactory results from *Nux v*. 3, *Ipc*. 3, *Sepia* cc, *Cocc*. 30, when indicated. I hope our physicians will all make a full trial of these and other remedies in this troublesome complaint which Allopathy utterly fails to help at all. I have never failed to greatly relieve, and generally to cure, this most terrible suffering

CASE II. Mrs. W. had been pregnant a few months before, but had miscarried at the third month in consequence of vomiting and irritability of the uterus. Called on me in the fourth week of pregnancy, on account of morning sickness. I gave *Puls.* 30 and *Bry.* 30 without relief. I then told the lady that there must be something in her case that she had not told me. She then told me of her former miscarriage, and that she was suffering from great pain and tenderness over the uterus; constipation, sour stomach, deadly nausea, etc. *Nux v.* 3 regulated bowels and improved the condition of the stomach. *Bell.* 3 cured the irritability of the uterus; the nausea and vomiting continued; very faint on rising up, with nausea and vomiting. Prescribed *Coc.* 30 which soon arrested this trouble, and the case went on to full term with no further difficulty in this direction.

CASE II. Miss D., aged sixteen, menses had never appeared; headache, debility, lack of energy; dry cough with dyspnoea, and flashes of heat to the chest and face; sour stomach, alternate diarrhoea and constipation; food often passes undigested, also vomits food undigested. Prescribed *Sulph.* 30 at bedtime; *Ferri. nit.* 4 morning and noon. In two weeks the above conditions which had continued for a long time passed away, all but the constipation which yielded readily to *Graph.* 30.

CASE IV. IRRITABILITY OF THE SPINE AND UTERUS.—Mrs. C., aged sixteen, eight months ago had cerebro-spinal meningitis, which left her with an irritable spine and a continued headache, dull, heavy throbbing; constant distress in the lumbar region; no disturbance of stomach or bowels or lungs. Had been under allopathic treatment all this time. During the past three months had had spasms resulting from the spinal congestion. She suffered intensely with head and back, found more ease while on the floor with nothing under her. Had used a great deal of *Brom. Potassa*, been blistered, and kept for weeks under the influence of *Morphine*. Was also troubled with painful cramps and bearing down pains independent of the menses, which later appeared normally. Was advised to marry, which she did; was not benefited

thereby in any way, but in addition to her other afflictions, became a great sufferer from vaginismus. Two months after her marriage I was called to treat the case. Gave *Cimicifuga* 3 in water every hour, for the head and back ache, and *Caul.* 4 in the same way when the uterine cramps came on. These cramps closely simulated labor pains. On this treatment she rapidly improved. The head and back soon yielded to the *Cimi.* 3. The cramps and irritability of the uterus and vagina continuing longer, but gradually gave way. I also had the patient use an injection of

R	Glycerine	3i
	Cimicifuga	gtt xx
	Aqua	3i

Injecting about a dram twice daily. On this treatment the vaginismus improved rapidly. About the fifth week of treatment, I was called in haste to see the case, and found her in a fair way to have an abortion. Was called too late to do any thing to prevent its occurrence. The difficulty in this case to me was how to account for those labor like pains which existed for two or three months before her marriage. The conception had not advanced to more than the fifth or sixth week. The irritable uterus was doubtless a result of the spinal congestion. The abortion was a result of the spasmodic uterine contractions. Since this event Mrs. C.'s health is very good, and the cure is regarded by all as a signal victory for Homœopathy, since Allopathy had abandoned the case to *Morphia* after a full trial of all its resources, by four or five of the best allopaths of our city.

CASE V. Mr. W., headache, backache in lumbar region, unable to rise up or move; constipation, debility; had been unable to work for three months. *Nux* 2 ter. die. for four days; then *Bry.* 3 for a week cured the case.

CASE VI. LARYNGEAL, COUGH WITH PHARYNGITIS—Mrs. M., aged forty-three, previous health excellent, until twelve years ago had diphtheria, since which time she has had every winter a dry, teasing, tickling cough, with a sensation as if a lump were in the throat. Inspection revealed fauces congested, and mucous membrane tumefied; larynx in

the same condition. She had in vain used treatment of several allopaths and homœopaths. In vain I used *Acon.*, *Bell.*, *Caut.*, *Ign.*, *Kali bi.*; finally I gave *Puls.* 3 a fortnight, followed by *Con.* 3 and the local use of *Tanno-glycerine* 3ss to the 3 which cured the case. The local use of this preparation I find of great value in many affections of mucous surfaces.

TRANSLATIONS. By A. McNeil, M. D., New Albany, Ind, from *Allgemein in Zeitung*—UNKNOWN PROPERTIES OF THE STRAWBERRY PLANT.—An accident has shown us that the strawberry plant exercise a specific action in the mammary glands and their secretion.

In the preceding September, the superintendent of a large estate was very much surprised to learn that the cows on the estate had shown a considerable falling off in the quantity of their milk. The stables were well watched and no pilfering could have occurred. The following day showed a considerable falling off in the sales of milk. All the cows were in perfect health; they went twice a day to pasture, and in addition were fed a small quantity in the stable.

The superintendent became doubly attentive; he visited the pastures, examined the food they received at the stables, and inspected the milking without learning any cause. Finally when he had ascertained that the cows were receiving the usual amount of food, he learned that the stable keeper gave to the cows in addition to their usual food, a certain quantity of strawberry foliage and vines to each cow, from a large bed near the stable. The superintendent believed that he must ascribe the decrease of milk to this circumstance, as there was no other explanation discoverable after a careful investigation. To be positive he ordered that none of the strawberry plants be fed, and after forty-eight hours the usual quantity of milk was received. A few days after, the same food was given and the same effect was again produced.

After I learned this fact, believing that it might be made useful to the human race, I resolved to experiment with the plants. During the summer I administered a decoction

of the roots to two women who were weaning their children and could not prevent the secretion of the milk. One had nursed twins for fourteen months; she was of well marked lymphatic temperament, had very well developed breasts, and the lacteal secretion was so profuse that it was a true case of galactorrhœa. After they had used a decoction of the roots a few days, their breasts decreased in size, and the secretion ceased.

Lately we experimented on a cow, which gave eighteen litres per day, (a litre is equal to 1.761 imperial pints) at three milkings. On the third day the milk had fallen off three litres, a considerable diminution considering that the leaves at the season in question (November) had already begun to wither and contained scarcely any juice. In all probability a decoction of the roots would have had a more marked effect, and the experiment, which we did not continue long, would have completely dried her up.

The physician is frequently consulted by mothers who are weaning because they are troubled by the continued secretion of milk. The plant in question will have a much quicker and less unpleasant effect than the means usually employed, viz: compression of the breasts, neutral salts, etc. In opposite conditions in which well formed mothers secrete no milk may not the strawberry plant, which in large doses so quickly dries up the milk, be used in small doses according to the law of similars to waken the mammary glands from the torpor which they manifest? Experiments will decide.—DR VON CUTSEM BAUFSELS.

CASES FROM PRACTICE—By George M. Ockford, M. D., Hackensack, New Jersey.—CASE I. VERTIGO—Mrs. ———, aged seventy-three consulted me for dizziness, coming on upon rising in the morning so severe as to cause faintness and dimness of vision. The patient was inclined to be fretful and peevish. *Chamomilla* 30 effected a speedy cure.

CASE II. Constipation in infants arising apparently from inactivity of the bowels; the discharges being hard, knotty and small or scanty is relieved by *Alumina* 12 or 30.

CASE III. WEAKNESS OF SIGHT.—Mr. C., of nervo-sanguine temperament, had weakness of vision. While traveling in cars between New York City and his residence, was in the habit of reading. While reading, the paper would appear blurred and the letters run together, with pain of a pressing and burning character in the eyes. *Carbo. veg.* 3 cured.

CASE IV. Mrs. ———, nervous temperament, upon recovering from attack of fever, had weakness of sight. Much aching pain in the eyeballs upon using the eyes. After least using upon near objects, eyes felt fatigued attended with fullness and heat, there was general debility of patient with not very good appetite, *Macrotin.* 1st improved general health and relieved trouble with eyes.

CASE V. Miss ———, a maiden lady of thirty-five years, on recovering from an attack of pneumonia, had cough arising from tickling in larynx, spasmodic in character and aggravated at night; appetite was good, but vegetables did not agree; she had craving for meat. *Magnesia carb.* 200 speedily relieved.

CASE VI. ASTHMA OF MILLAR.—A child six months old had attacks of difficult breathing, attended with noisy, stertorous respiration. On taking an inspiration the respiration would appear to be suspended, and a struggle ensue to get its breath. *Opium* 30 cured the case.

CASE VII. INTERMITTENT FEVER.—An infant six weeks old had every other day, about same hour, a chill or general coldness of extremities, lasting from one to two hours; during its continuance, child was restless and uneasy; there was no perceptible fever following, although head became slightly hot, and there was an entire absence of perspiration, on day between chill child appeared well. *Cedron* 3 cured.

CASE VIII. A boy aged ten years was attacked with intermittent fever. There was slight chill, followed by high fever, accompanied with headache, pains in bones, and nausea. The paroxysms occurred every afternoon. *Thuja.* 1 cured after two days; having materially lessened the paroxysm after taking it one day.

(NOTE.—I have found *Thuja.* in the first trituration to be an excellent remedy in intermittents occurring in children, the

main indications being that the fever was the most marked feature of the paroxysm, and but slight chill, with very little perspiration.)

Miscellaneous.

A Study of Individual Characteristics.

Upon this point Fothergill in his Handbook of Treatment presents some very pertinent observations. He says:

"There is a large class of people not quite coming under the head of invalids, and yet not perfectly healthy. They are persons who have established an ideal of health to aim at, quite irrespective of their capacities. They do not possess a normal amount of health and strength, or age is commencing to lay upon them its enervating hand, yet they are loath to acknowledge either. They aspire to the habits and practices of perfect health, or of a by-past time, and bend all their energies to the attainment of these aspirations. Instead of reducing their self-imposed demands to the capacities of their system, they endeavor to whip themselves up to their ideal by large supplies of stimulating food and liberal draughts of *Alcohol*. It is of no avail, however; and then a complete breakdown, followed by protracted convalescence, is the result achieved. If they can be prevailed upon by any means to moderate their aspirations, or be compelled to limit their demands upon themselves to their capacities, much better health, and even length of days would be practicable. They form a large and important class of chronic patients; with whose peculiarities and individual necessities the prudent practitioner will do well to make himself familiar.

"There is another class of persons who are chronic invalids of a different description, with whom more acquaintance on the part of the profession is desirable. They usually occur in the more affluent classes; indeed, their existence is scarcely compatible with hardship and penury. They have not yet found a biographer in the ranks of medicine; and the best sketch of such a person is the brief one by George Elliot in *Adam Bede*, where she describes Miss Anne Irwine, the Rector's invalid sister. A poor wretched spinster, with a small wan face, ~~sworn~~ worn and sallow; with chronic headaches, necessitating rest in bed with a darkened room; the prey of neuralgia, and depression; utterly unacquainted with the sensations of buoyant health and possessing but a minimum of energy; bare existence under the most favorable circumstances is all to which such a system is equal. Great and tender consideration, a low voice whose tones vibrate with sympathy, and a noiseless step, are more desirable here than extensive acquaintance with remedial measures. Such cases do not furnish brilliant cures, as do the hysterical; but they furnish grateful, attached patients, susceptible and thankful for your consideration. It is the height of cruelty to demand manifestations of energy from such poor creatures—they are simply not equal to them.

"Then again there is still another and larger class of patients—the chronic invalid, suffering from some incurable malady. It may be chronic gastritis, cirrhosis of the liver, a tuberculous lung, a weak heart, or granular kidneys which constitute the weak spot of the otherwise fairly healthy organism. If the injured or defective organ could but be restored to its pristine integrity, a return to something like perfect health would be feasible. But such restoration is simply impossible. "Health consists of a balance betwixt the various parts of the organism in power as well as in function." Consequently if the disease in one part be incurable, the sooner a new balance is struck the better. A general lowering or levelling down is alone calculated to preserve the organism in such cases; and attempts to improve the general condition too far by any process of levelling up is but too

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commonly followed by disastrous results. An improvement in the general condition is not rarely productive of a still further disturbance of balance betwixt the weak part and the rest of the body; and then usually a new accession of disease in the injured part follows as a consequence. For instance, if the kidneys are injured, a comparatively high state of general health, with good assimilation and much nitrogenized waste, is not uncommonly the cause of an attack of suppressed gout, may be as bronchitis or even pneumonia, the consequence of renal inadequacy; or an attack of acute nephritis may imperil the existence of the individual—which attack might have been avoided if the general condition had not differed so remarkably from the condition of the kidneys. Or, again, a person has a weak heart or an aneurism. Here the condition of chronic invalidism is more consonant with the continuation of existence, than is that of a capacity for exertion, which would test too severely these injured structures. It is a great point in practice to distinguish clearly when to cease our efforts to improve the injured part by measures directed towards the general condition, and when to inaugurate a line of treatment which shall bring the condition nearer to that of the incurable organ. Constantly in actual practice such modification of our therapeutic measures will be clearly indicated.

"Such are several of the most important variations from the normal which will present themselves in daily practice. They present problems not always easy of solution. Sometimes we are scarcely thanked for their solution; at other times they furnish us much credit. They all need careful recognition, and give much valuable material for the elaboration of a line of treatment. Practically the clear appreciation of these rational indications often outweighs the information afforded by instruments of diagnostic precision.

"Very frequently the information thus afforded will put the youthful practitioner upon his guard in seemingly trivial cases, and prompt him to leave no stone unturned in cases where the physical signs are far from alarming; at other times it will whisper hope and encouragement where all seems

dark and untoward; in either case it will exercise a most pronounced effect upon the line of treatment. In order that our therapeutics may be successful, a distinct recognition of the case in its entirety, in its subjective as well as its objective phenomena, is most necessary; and a thorough appreciation of what is to be dealt with must, or ought, to precede our measures for dealing with it; otherwise much valuable time may be lost, or opportunities have passed away—never to return; and an unavailing regret be left where a more guarded attitude at first might have changed the whole aspect. The view presented to the medical man after his examination of the case should be such that it will include the past history of the case; nay, more than that, it should embrace the family history on both sides, and should also furnish useful forecasts as to the probable future. This is a genuine diagnosis, and is as widely different from the mere physical diagnosis—now so fashionable—no matter how exact, as is a fertilized from an unfertilized ovum, the one is, too often, a mere series of barren facts, the other is pregnant with potential hypotheses.

Ear-Cough.

DEAR DOCTOR—From a remark of yours in the *ADVANCE*, page 491, in noticing Dr. Dobell's "coughs etc." I am reminded of a case I once met with. A boy about eight years old, who possessing an inquiring genius though the would explore the auditory canal to see how far he could stick a piece of rosin. He poked it into his ear until it was out of reach of his fingers. He then told his mother what he had done, and she finding herself unable to extract it became alarmed, sent for a physician who likewise, after many vain endeavors gave it up also. As the little fellow did not complain of pain,

only of deafness in the obstructed ear, the doctor advised them to wait and see what would turn up. And this brings me to what I particularly wished to speak of. It was now about a year since the rosin was first introduced when I met with the case. I made several attempts to remove the obstruction but each time I touched or moved it, the patient was thrown into a most violent fit of coughing, and I was compelled to desist from farther efforts at its removal on account of the cough. It was the first and I believe the only case of cough excited by irritation of the auditory canal I ever met with. What would you have done for the case?

J. W. VANCE, M. D.

College Hill, Ohio.

ANSWER.—If I found on examination that the foreign body was still in the meatus I would have taken it out. Syringing with warm water pretty continuously for some time would most likely have accomplished the desired end. The reflex irritation could have been controlled with vapor of chloroform or ether. It might have taxed one's ingenuity but the rosin would have been taken out.

Indiana State Board of Health.

INDIANAPOLIS, February 6.

The question of the establishment of a State Board of Health is just now the absorbing topic in and out of the Legislature. The voice of the State press is all in favor of the project, evidently a majority of the members of the Senate, where the bill is being considered, are in favor of it, and the only hitch is made by the squabble between, the doctors of the Allopathic and Homœopathic Schools, as to the institution of the proposed Board. It seems possible now that

this quarrel may interfere to such an extent, as to prevent the passage of the bill. This will be shameful. The State needs a Board of Health. It needs a Bureau of Vital Statistics. No State which has ever established such a Board has ever dis-established it. In every state it has been found to be money-saving, life-saving, labor-saving. As a hygienic measure it is of the utmost importance. It is useless to reiterate the arguments for the measure. They have already been repeatedly given in all of the leading journals, and are pretty well appreciated by the people of the state. They demand a State Board of Health; this is one of the demands the legislators are expected to comply with. They should not allow themselves to be influenced by the busybody doctors, who are not kept so hard at work by their practice that they can not find time to haunt the lobby and button-hole members in the interest of their "schools." The people do not care for their schools. They are undoubtedly in favor of the passage of the bill. There is no objection to the law. The only obstacle is the fears of the doctors of the different schools that doctors of another school than their own will be placed upon the Board. The legislator has to consult only the wants and wishes of the people—his constituents. The selfish, petty quarrels of personally interested professionals should not influence him. These doctors care nothing for the interest of the people. They care nothing for the good of the State. That is evinced by their conduct. They care only for their own selfish interests. Any of them would kill the bill in a moment, and rob the State of all the good to flow from it if they found the Board was to be controlled by doctors of a school other than their own. It is the plain duty of the Legislature to pass this bill. There is a crying need of it. They should let the doctors growl, and swear if they want. They should not worry about the execution of the provisions of the act. Leave the constitution of the Board to the Governor. He will see to it that its provisions are enforced, and that a proper Board is appointed and empowered. Governor Williams has no reason to be partial. And he is not a man to be bulldozed by doctors. If the Assembly will

make the law the Governor can be relied upon to attend to the rest. This plan will relieve the members from the lobbyists. Nine States have Boards of Health. None of them would repeal the law establishing it. Statisticians have no means of getting at the vital statistics of Indiana, and the students of hygiene no data from which to reckon. The members of this General Assembly can assure themselves of this fact: The people want this bill passed; the State wants this board of health, and nobody but the doctors themselves cares a sumarkee whether the persons who compose that Board believe in the efficacy of big pills or little pills, so they know their duty and do it. It appears that the allopaths want to follow out their established policy of refusal to recognize or consult with the homœopaths. They want the whole board to themselves, and are frightened at the idea of anything in the shape of a homœopath being recognized by appointment upon the board. For would not such a recognition by the state be equivalent to a recognition of the school itself? And if that is done, why all is over, and the heavens might as well be rolled together as a scroll and marked "failure," and stuck away in the Almighty's archives.

The other school, that which preaches the doctrine that the hair of the dog cures the bite, is more moderate. They are naturally anxious about the matter, and demand a fair representation on the Board, and do not insist upon entire possession and monopoly.

Doctor W. Eggert, who is a member of the Legislative Committee on the Homœopathic Institute of Indiana, has discovered that the opposition of the allopaths is part of a deep, deadly and damning scheme on the part of the old school for "the seizure of governmental power, and its employment for the benefit and aggrandizement of a particular school and class of men." He says that there once existed a body called the American Health Board, which was a lay and non-medical institution. By being this, it excited the jealousy of the allopathic school, and it was finally incorporated, in 1873, into the American Medical association, and is now composed of rigid and bigoted allopaths only.

At the meeting of this body in Philadelphia, in 1874, the President said:

"Those who have carefully observed the progress of events during the past few years must have recognized a new element in our political system, which is destined to become a power of no mean import in the public health service. In every state this agitation has begun, which can only terminate in the incorporation of this new element of administration into state and municipal government. Already in no less than seven states has state medicine found an abiding place, and there can be little doubt that within every state the Union will inaugurate its sanitary branch of this general government. We recognize in this new element in the state the same power which in the Roman Commonwealth and Empire gave medicine imperial rank.

"Every state ought, under the guidance of competent medical authority, to take charge of all schools of medicine and surgery within its borders, regulate their courses of study, and confer degrees upon candidates, and thus establish a standard of medical qualifications."

Now, a year ago the American Medical Association, which controls the Public Health Association, had a meeting at Louisville, and there Dr. Bowditch, of Boston, read a paper upon "Public Hygiene," in which he said:

"He thought there should be a department of hygiene created by the government, which should be represented in the Presidential Cabinet. This would embrace the oversight of hospitals, insane asylums, forts, camps, barracks, etc.

"In the event of the establishment of this great enterprise every state should have a counsellor, and all be present at any meeting.

"Each counsellor should hold office five years. In addition, he suggested that this (American Medical) Association should have the right to select, every five years, four men as counsellors at large for the Nation."

"And, finally, the National Government should be represented in the Council by the Health Secretary, Surgeon General and Signal Officer."

At the conclusion of the above paper the following resolution was adopted:

"Resolved: That each year, until otherwise ordered, the President-elect and Permanent Secretary be directed to appeal, in the name of this Association, to the authorities of each State where no state board of health exists, urging them to establish such boards."

From these acts and this language. Dr. Eggert deducts the evidence of his scheme. Probably he is right. There is no doubt the allopaths desire to remain in control of all the state boards of health, and will do almost anything to accomplish that object. And it is probably a fact that rather than lose control of a single State Board, they would prefer to see the act creating the Board repealed, and the State deprived of all its benefit. Can such resentments be in medical minds? Eggert has grounds for his complaint. Just now, in this state board of health business, the homœopathic doctors have hardly a smell. Up in Michigan they got in their work, and now the two schools have done all they can to destroy the efficiency of the board. All the other boards are Simon-pure orthodox allopaths, except that in Massachusetts, where the Board consented to admit a surveyor or engineer. Dr. Eggert states the homœopathic position as follows:

"Bearing in mind also the express intention of the American Public Health Association and the American Medical Association, it must be our duty to oppose the efforts of these associations and societies, in Congress and in every Legislature where they may be asking for the creation of a board of health; and it is the duty of every one of us, by every possible means, to fight, year after year, against the enactment of laws erecting authoritative boards of health, till fully assured that such boards are to be composed of competent men, regardless of medical creeds and parties, as it is done in countries that have not even a Republican government."

Don't Kiss My Baby.

The promiscuous kissing of children is a pestilent practice. We use the word advisedly, and it is mild for the occasion. Murderous would be the proper word, did the kissers know the mischief they do. Do you remember calling on your dear friend Mrs. Brown the other day with a strip of flannel round your neck? And when little Flora came dancing into the room didn't you pounce upon her demonstratively, call her a precious little pet, and kiss her? Then you serenely proceeded to describe the dreadful sore throat that kept you from prayer meeting the night before. You had no designs on the dear child's life, we know; nevertheless you killed her! Killed her as surely as if you had fed her with *Strychnine* or *Arsenic*. Your carelessness was fatal. Two or three days after the little pet began to complain of a sore throat too. The symptoms grew rapidly alarming; and when the doctor came the single word diphtheria sufficed to explain them all. To-day a little mound is the sole memento of your visit. Of course the mother does not suspect and would not dare to suspect you of any instrumentality in her bereavement. She charges it to a mysterious providence. The Doctor says nothing to disturb the delusion; that would be impolitic, if not cruel; but to an outsider he is free to say that the child's death was due directly to your stupidity. Those are precisely his words; and who shall say, under the circumstances, that they are not justifiable? Remember—

"Evil is wrought by want of thought
As well as want of heart."

It would be hard to tell how much of the prevalent illness and mortality from diphtheria is due to such want of thought. As a rule adults have the disease in so mild a form that they mistake it for a simple cold and as a cold is not contagious they think nothing of exposing others to their breath or the greater danger of labial contact. Taking into consideration the well-established fact that diphtheria is usually if not always communicated by the direct transplanting of the malignant

vegetation which causes the disease, the fact that there can be no more certain means of bringing the contagion to its favorite soil than the act of kissing, and the further fact that the custom of kissing children on all occasions is all but universal, it is not surprising that, when the disease is once imported into a community, it is very likely to become epidemic. It would be absurd to charge the spread of diphtheria entirely to the practice of child-kissing. There are other modes of propagation, though it is hard to conceive of any more directly suited to the spread of the infection or more general in its operation. It stands to diphtheria in about the same relation that promiscuous hand shaking formerly did to the itch. It were better to avoid the practice. The children will not suffer if they go unkissed; and their friends ought for their sake to forego the luxury for a season. A single kiss has been known to infect a family; and the most careful may be in a condition to communicate the disease without knowing it. Beware, then, of playing Judas, and let the babies alone.

Book Notices.

Code of Health of the School of Salernum. Translated into English Verse, with an introduction, notes and appendix, by John Ordranax, LL. B., M. D., Columbia College, N. Y. Published by J. B. Lippincott & Co., Philadelphia.

To cherish the memory of our professional masters with becoming reverence, and to fan the dying embers of classical scholarship have been the motives to the preparation of this volume. So John Ordranax, the translator of this ancient poetical work, tells us. This is the tenth English edition. The first edition of this poem,

with a translation appeared in Germany in 1474, and in 1501 in France. There have been published one hundred and seven editions in Latin alone, and with translations into other modern languages fifty-six editions, a grand total of one hundred and sixty-three editions. The poem was dedicated to Robert, Duke of Normandy, in 1096. The author became not known, but the poem has been accepted as the work of the faculty of the school of medicine of Salernum. Arnold of Villa Nova wrote a commentary to this poem. The school of medicine of Salernum was established in the ninth century, and held its high position as the great school of medicine for nine hundred years. The early, constant and uncompromising conservatism had, from the first, won her the distinguished title of *Civitas Hippocratica*, a title of which she was justly proud, since this legend was inscribed on her seal. As late as the middle of the last century, Salernum was still considered the *mater et caput* of medical authority in ethical matters, for in 1748 disputes as to precedence in rank between physicians and surgeons having occasioned painful differences among French practitioners, the medical faculty of Paris addressed an official letter to the faculty of Salernum, requesting their counsel and assistance in the formation of a judgment upon the issues then raised before them. The poem is called "*Regimen Sanitatis Salernitarum*" or sometimes simply designated as "*Schola Salernitana*." The chief renown of the didactic essays of the school of Salamanca, rests almost exclusively upon her famous poem, *De Conservanda Valetudine*.

The latest translation of this work by John Ordronaux, LL.B., M. D., Professor of Medical Jurisprudence in the law school of Columbia College, N. Y., was published in an elegant style by J. B. Lippincott & Co., Philadelphia, in 1870. This volume will be found to be a great addition to a physician's library. These old teachers of the Hippocratic school can not be set down as thoughtless or ignorant men. There are many passages especially appertaining to hygiene, which can not be equalled by any of our modern scientific men. Even the knowledge of the effects of drugs are sometimes surprisingly correct. We shall give a few quotations. Our school must feel itself highly flattered to find that the application of the law of the Similars was practically enjoined on the profession were for instance prescribing a remedy for

"OVER DRINKING."

Art sick from vinous surfeiting at night?
Repeat the dose at morn, 'twill set thee right.

We find an unparalleled wine test—still true to-day:

In good wine beads and bubbles take their start,
Resilient ever from the central part.
In wines depraved and drugged the bubbles spring,
From out, alone, the margin's narrow ring.

Here is a good dietetic rule:

Who water drinks at meals has mischief brewed,
The stomach chilled, 'voids undigested food.

And here is an addition, especially for the cold water men:

Let men drink wine, let beasts for fountains crave,
But water drinking never men enslave.

OF DIETING.

Doctors should thus their patient's food revise:
What is it? When the meal? And what its size?
How often? Where? Lest, by some bad mistake,
Ill-sorted things should meet and trouble make.

OF RUTA GRAVEOLENS.

Of use to sight, a noble plant is *Rue*,
O, blear-eyed man, 'twill sharpen sight for you!
In men, it curbs love's strongest appetite.
In women, tends to amplify its might.
Yet *Rue* to chastity inclines mankind.
Gives power to see and sharpens too the mind;
And instantly, when in decoction, frees
Your house forever from tormenting flees.

The ancients observed nature and learned from nature.

OF CHELIDONIUM.

Swallows, to their blind young, with *Celandine*,
Restore, 'tis said, their wonted vision fine;
And Pliny writes that if this be employed,
Vision returns to eyes of old, destroyed.

From observation we know that apples are very injurious in cases of croup, and nuts in all bronchial catarrhs have to be avoided, both increasing the disease. We find

ON HOARSENESS.

Oil, and raw apples, nuts and eels, 'tis said,
With such catarrhs as settle in the head,
And leading, too, a long intemp'rate course
Of life, will render any person hoarse.

AD. LIPPE.

Philadelphia, Jan. 29th, 1877.

A Manual of Minor Surgery and Bandaging. By Christopher Heath,
F. R. C. S. Fifth edition. Lindsay & Blakiston, Philadelphia.

We are prepared to say that this is a most excellent manual, and a work of great use in the hands of practitioners or students. It is finely illustrated, and the text is clear in typography as well as statements. The writer has condensed within a few pages a large amount of practical information, that is usually found scattered through hun-

dreds of pages in our surgical text books. Minor surgery is undertaken by almost every practitioner. Such an one can want or find no better work of ready reference than this. For sale by Robert Clarke & Co.

The Practitioners's Hand Book of Treatment or Principles of Therapeutics. By J. Milner Fothergill, M. D., etc. Henry C. Lea, Philadelphia.

We have in the present number of the *ADVANCE* made a lengthy quotation from this work. To say that the treatment of the subject, by the distinguished author meets our idea of therapeutics, would be to say, that the chaotic notions of Allopathy were in our estimation better than the precise and scientific principles of Homœopathy. We say this, however, that this is the best representation yet made of the doctrines and practices of the physiological school. It is written with great clearness, and if anything could convert us to the empirical practices and unscientific theories of that school, it would be this book. We commend it as the best book yet offered on allopathic therapeutics, and will do no harm to a mind capable of grasping the doctrines of Hahnemann, and will afford a large amount of valuable suggestions on topics germane to the homœopathic school. Price \$4. For sale by Robert Clarke & Co.

Cyclopædia of the Practice of Medicine. Edited by Dr. H. von Ziemssen. *Acute Infectious Diseases.* Vol. I and II. Wm. Wood & Co., New York.

It was a grand idea that came to the distinguished editor to create a work on the practice of medicine worthy of the age in which so much knowledge has been rapidly accumulated in the different departments of this science. So large a number of specialists have been employed that each section will represent the best thought and most advanced methods of the day. We say this with the understanding that this work when complete will be representative of the allopathic school, purely, and can be taken and studied as the most elaborate treatise yet issued by that school. In the two volumes before us ten of the best continental writers have been engaged. There is of course, a varying excellence in the clearness with which they present their subjects, but none of them excel Ziemssen himself, who contributes the chapter on Epidemic Cerebro-spinal Meningitis. Oertel's chapter on Diphtheria, which is very full and written in a masterly manner, has deservedly attracted a great deal of attention. But we would especially commend the introduction, by Liebermeis-

ter, in which is discussed the general, related and specific characters of those diseases now grouped under the head of infectious diseases. This section if carefully read will open one's eyes to modern ideas of pathology, and most effectually annihilate notions we have so carefully cherished regarding the causes of these diseases. Robert Clarke & Co. are agents for this work. Price \$5.00 per volume.

Treatment of Typhoid Fever. By A. Charge, M. D. Translated by S. Lillenthal, M. D. Reprint from Am. Observer. Price 15 cts.

This little pamphlet gives us the indications for the use of forty-eight remedies in the treatment of this form of fever. There seems to be nothing new in it to call for translation and publication. If it pays the publishers however it will not have been issued in vain.

Editor's Table.

THE BOSTON CONGREGATIONALIST opposes the adoption of the metric system, because it does not want to have the revised version of the New Testament to read: Neither do men light a candle and put it under a *hectoliter*.

THE FRIENDS of the Albany Homœopathic Hospital recently held a grand concert and ball, which from all accounts must have been superb. The *elite* of the city and state graced the occasion, and all went merry as a marriage bell. If the net balance in the treasury was correspondently large and fine, it must have been a very satisfactory affair.

THE EVOLUTION, a weekly journal of politics, religion, science, literature and art. The object of this journal is to supply subscribers and readers with the latest news pertaining to the progress of thought all over the world, and to

assist students by giving such hints as may be useful in the prosecution of researches.

To discuss editorily, and with the most perfect freedom, such social, political and speculative questions as may be timely.

To show the world that below the confused welter of modern free thought more often skeptical in appearance than in reality, there is constantly coming into more definite shape the outlines of a sublimer and a truer faith than the world has yet seen, and that all the jarring sects into which the modern movement seems to the superficial observer to be hopelessly divided, hold points in common, and will all, in their own way, contribute to the final result.

Address, J. D. Bell, Editor, 34 Dey St., N. Y.

ALL PERSONS who are curious to know of what use mosquitoes, flies, alligators, hyenas, vultures, and other unattractive and seemingly undesirable members of the insect, bird, and animal creation are, should read the illustrated article by Prof. Sanborn Tenny in the *American Naturalist* for March, entitled "A few words about scavengers." In the same number L. F. De Pourtalee gives some "Hints on the origin of the flora and fauna of the Florida Keys," and Dr. Charles C. Abbott has a paper on "Traces of a voice in fishes." W. H. Dall writes "On a provisional hypothesis of saltatory evolution," and Prof. Alfred R. Wallace's general conclusions on "The geographical distribution of animals" are given in a chapter copied from his recent work on that subject. The reviews of recent scientific books, and the departments of botany, zoology, anthropology, geology, and microscopy are unusually full and valuable. Published by H. O. Houghton & Co., Boston.

Next Meeting of the American Institute of Homœopathy.

As every body knows we are to meet at Lake Chautauqua the latter part of next June. The Kent House will furnish ample accommodations for all, and doctors and their families will probably be furnished on all the principal railroad lines the round trip for one fare. We give the following

TIME TABLE.—Leave Chicago at 5:15 p. m. by Erie and Chicago Line; reach Lake View, (Chautauqua Lake), next day at 1 p. m. No change of cars.

Leave Cincinnati at 9 p. m.; leave Cleveland at 7 p. m.; no change of cars. Arrive at Lake View at 1 p. m.

Leave Pittsburgh, E. and P. R. R. Arrive at Lake View at 1 p. m.

Leave Buffalo, B. and J. R. R. at 8 a. m. Arrive at Lake View at 12:18 p. m. No change of cars.

Leave New York at 7 p. m., Erie R. R. Arrive at Lake View at 12:18 p. m. No change of cars.

HARRIETT S. FRENCH, M. D., to 337 N. 11th st., Philad.

DR. S. G. HASTINGS has located at 222 Barr st., Cincinnati.

DR. G. M. PEASE has removed his office and residence to 123 Ellis street, San Francisco, Cal.

DR. GEO. D. JENNEY, of Kenton, Ohio, died February 4th, 1877.

D. CLAPPER M. D., to Nettle Creek, Ind.

F. O. CLEMMER M. D., to Kenton, Ohio.

A curious mistake crept into our last number in Dr. Kuechler's article on Diphtheritis. The remedy was *Cyanuret of Mercury* and not the *Binioidide* as the printer made him say. Please note the error, for it is a very important one.

W. S. MERRILL & Co., who favor us with an advertisement this month, may be relied upon to furnish the best of things in their line.

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J. P. GEPPERT, PR.



